DOCUMENT RESUME

ED 341 922 CG 024 019

TITLE Adolescent Drug Use Prevention: Common Features of Promising Community Programs. Report to the Chairman, Subcommittee on Select Education, Committee on Education and Labor, House of Representatives.

INSTITUTION General Accounting Office, Washington, DC. Program Evaluation and Methodology Div.

REPORT NO GAO-PEMD-92-2
PUB DATE Jan 92
NOTE 83p.
AVAILABLE FROM U.S. General Accounting Office, P.O. Box 6015, Gaithersburg, MD 20877.
PUB TYPE Reports - Evaluative/Feasibility (142)

EDRS PRICE MF01/PC04 Plus Postage.
DESCRIPTORS *Adolescents; Community Programs; *Drug Abuse; *Prevention; Program Effectiveness; *Substance Abuse

ABSTRACT

The importance of identifying effective drug abuse prevention strategies is clear not only from the increasing federal expenses, but also from the costs to individuals and families, and the overall damage to U.S. productivity and competitiveness caused by drug use. This report is about comprehensive community-based approaches to drug abuse prevention for youth. Site visits were conducted at 10 of the most promising programs, and survey questionnaire were received from 138 promising programs. Chapter 1 of this report contains the introduction which includes the study's objectives, scope, methodology, strengths, and limitations. Chapter 2 discusses the context for the programs visited, including the communities served, developmental issues relevant to 10 to 13-year-olds, and the need for comprehensive programs in response to these environmental challenges. Chapter 3 discusses the issues identified as relating to program goals and design. This chapter focuses not on the specific services, but on the broader framework within which these services were provided, since variations in that framework seemed more related to promise than did differences in the details of individual programs. Chapter 4 discusses implementation and evaluation challenges. The programs shared common struggles in maintaining continuity of service, coordination, making programs accessible, obtaining funds, attracting necessary leadership and staff, and conducting evaluation. Each of these areas is discussed. A principal finding of this study is that the promising drug prevention programs took a comprehensive, community-based approach towards youths (as opposed to the narrower approach of combatting drug use alone) in order to deal with the multiple problems in their lives. Study advisory panel members are listed, and detailed descriptions of each site visited are included in appendices. (LLL)

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United States General Accounting Office

GAO

Report to the Chairman, Subcommittee on Select Education, Committee on Education and Labor, House of Representatives

January 1992

ADOLESCENT DRUG USE PREVENTION

Common Features of Promising Community Programs

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United States
General Accounting Office
Washington, D.C. 20548

Program Evaluation and
Methodology Division

B-245204

January 16, 1992

The Honorable Major R. Owens
Chairman, Subcommittee on Select Education
Committee on Education and Labor
House of Representatives

Dear Mr. Chairman:

At your request, we examined the design, implementation, and results of promising comprehensive, community-based drug use prevention programs for young adolescents, regardless of their funding sources. Our report contains recommendations to the Secretary of Education and the Secretary of Health and Human Services for the speedy completion and dissemination of manuals being developed to assist in the design, implementation, and evaluation of such programs. The report also suggests that if the Congress wishes to learn more about which programs are most effective, it should consider providing additional funds for long-term evaluations of the most promising program models.

As we agreed with your office, unless you publicly announce its contents earlier, we plan no further distribution of this report until 30 days from the date of this letter. At that time, we will send copies to interested parties and make copies available to others upon request.

If you have any questions or would like additional information, please call me at (202) 275-1854 or Robert York, Director of Program Evaluation in Human Services Areas, at (202) 275-5885. Other major contributors to this report are listed in appendix XII.

Sincerely yours,

Eleanor Chelimsky
Assistant Comptroller General

Executive Summary

Purpose

As part of the national effort to stop drug use, it is increasingly advocated that early work with young adolescents not only address the individual but also strengthen the positive influences of the family, peers, school, and community. The Chairman of the House Subcommittee on Select Education asked GAO to examine the design, implementation, and results of such comprehensive, community-based drug abuse education programs, without regard to their sources of funding. GAO's overall objective was to describe promising approaches to comprehensive youth drug prevention and identify important features of such efforts that merit attention by others striving to make headway in this area.

Background

Experimentation with tobacco, alcohol, and drugs usually begins in the early adolescent years, between the ages of 10 and 15. In view of this fact, primary prevention efforts—that is, those that are designed to prevent drug use before experimentation begins—must begin early. GAO's study focused, therefore, on both rural and urban programs working with youths aged 10 to 13, which are also the last years when prevention efforts do not have to compete with widespread drug use among participants' peers.

GAO identified 16 sources of exemplary or promising comprehensive drug use prevention programs, which yielded a variety of initiatives serving very different groups of young people. Despite the frequent calls for programs of this type, and a growth in funding, there is no body of proven practice that can be analyzed to discover the important features associated with demonstrated success. GAO therefore focused on promising programs—those that are at least well-designed and that also appear to show early signs of potential success. Through a survey questionnaire received from 138 promising programs (a 68-percent response rate), GAO obtained further data about basic aspects of the programs, which served over 500,000 participants and had very encouraging participation rates. Most importantly, GAO studied 10 of the most promising programs on-site, which included observing program activities and interviewing nearly 125 participants and 150 staff and community representatives. The communities in which GAO conducted program visits all faced significant challenges from poverty, substance abuse, school failure, and family disintegration.

Results in Brief

Definitive evidence is not yet available to demonstrate the effectiveness of programs GAO visited or surveyed; nevertheless, some programs

appear to be making much more headway than others. GAO found similarities in the ways that the most promising programs delivered services, even though the services themselves were often quite different. Six features were identified in programs associated with high levels of participant enthusiasm and attachment; at least one of these features was absent in programs that evoked lesser degrees of interest. This does not suggest that these features are causal factors, or that they are an exhaustive list of necessary elements; rather, they represent a framework of key ideas that seem to be important and thus deserve further trial and study. These features were (1) a comprehensive strategy, (2) an indirect approach to drug abuse prevention, (3) the goal of empowering youth, (4) a participatory approach, (5) a culturally sensitive orientation, and (6) highly structured activities. In addition, GAO found that programs experienced common problems in six areas of program implementation: (1) maintaining continuity with their participants, (2) coordinating and integrating their service components, (3) providing accessible services, (4) obtaining funds, (5) attracting necessary leadership and staff, and (6) conducting evaluation (that is, there was a lack of evaluation findings on these programs).

Principal Findings

The promising drug prevention programs GAO examined took a comprehensive, community-based approach toward youths (as opposed to the narrower approach of combating drug use alone) in order to deal with the multiple problems in their lives. Overall, these programs offered services stressing five different focus areas in which participants often experienced problems: the family, peers, school, community, and the individual himself or herself.

Program Goals and Design

With regard to the six features present in the most promising programs, GAO found that comprehensiveness was defined in terms of an approach to young people rather than the number of social agencies involved. That is, these programs attempted not only to prevent drug use but also to help participants deal with multiple challenges (stressing the learning of skills, motivational techniques, and coping strategies). In one program, this comprehensiveness manifested itself as the colocation of more than 30 services where staff were generally familiar with many youth issues.

In addition, most programs used an indirect approach towards drug prevention in that they sought to embed drug prevention in the context of other activities, rather than address it directly. Youths were attracted to

these programs by their emphasis on cultural heritage, sports, or art, or by such basic benefits as free meals or snacks. Further, most programs visited and surveyed took pains not to label themselves as programs offering drug use prevention services. Program staff told GAO that they believed it was important to avoid the stigmatization of participants that could result from more overt labels, and noted that parents and youths tend to seek assistance only from those programs that refrain from such labeling.

Indeed, the goal of many of these programs went far beyond drug use prevention to the empowerment of youths, focusing on a broad range of the skills necessary to choose positive, constructive, and healthful options. In addition, because many of the participants came from families where parents could not consistently provide adequate care, many programs made use of role models or mentors to help youths develop trust and maintain positive behaviors.

In most of the components of the programs GAO visited, youths were active participants, often engaging in goal- or product-oriented activities (for example, creative arts, sports, and so on) rather than passive learning (classroom lectures or group discussions). In one program that required group cooperation in order to complete a challenge task, carrying out the necessary planning and coordination proved to be a frustrating experience for the group. However, staff had intended that this process should serve as a way of teaching participants how to resolve conflicts and work with others.

Many program staff reported to GAO that, in order for youths to acquire self-respect, it was important to have a culturally specific approach that allowed youths to take pride in their heritages. The range of activities based on the particular cultures of participants included Native American powwows, African music and dance, Puerto Rican music, and so on.

Structure and discipline were also deemed essential by program staff. Further, youths reported to GAO that they liked the structure and discipline in those programs that exhibited these characteristics. In fact, in some programs, the youth participants reinforced rules so that staff did not need to intervene.

Program Implementation

All of these programs, the strongest as well as the weakest, confronted many challenges in implementing and operating their efforts on behalf of needy youths living in difficult environments. Among other problems,

GAO found that program evaluation was rarely addressed fully; this is the reason that none of the promising programs surveyed could show strong evidence of effectiveness. This lack also limited these programs' ability to make needed changes in their designs, and currently impedes the identification of best practices. Assistance with evaluation designs and methods—such as the drug program evaluation materials currently being developed by the Secretary of Education and the Secretary of Health and Human Services (HHS)—as well as dedicated funds for evaluation, could be useful in encouraging more evaluation work and, through it, the demonstration of effectiveness that continues to elude policy in this important area.

Recommendation

To assist programs in carrying out the needed evaluations, GAO recommends that, as soon as possible, the Secretary of Education and the Secretary of HHS complete and disseminate widely the evaluation handbook and manuals now being developed.

Matter for Congressional Consideration

If the Congress wishes to learn more about which of these programs are most effective, it should consider providing additional funds for long-term, national, independent evaluations of the most promising comprehensive, community-based drug abuse prevention programs.

Agency Comments

Responsible officials of the Department of Education and HHS reviewed a preliminary draft of the report sections that discuss funding issues, evaluation, and recommendations. They agreed generally with our findings. The report reflects some changes resulting from their review.

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Abbreviations

AIDS	Acquired immune deficiency syndrome
AWCS	Austin Wilderness Counseling Services
CYAP	Community Youth Activities Program
DFSCA	Drug-Free Schools and Communities Act
FORUM	Fulfilling Our Responsibility Unto Mankind
GAO	General Accounting Office
GAPS	Greater Alliance of Prevention Systems
HHS	Department of Health and Human Services
NASADAD	National Association of State Alcohol and Drug Abuse Directors
NIDA	National Institute on Drug Abuse
NPN	National Prevention Network
OSAP	Office for Substance Abuse Prevention
PDFY	Parents for Drug Free Youth
VISTA	Volunteers in Service to America

Introduction

According to the 1989 survey of high school seniors, "Monitoring the Future," within the previous year, 83 percent of seniors had used alcohol and at least 30 percent had used an illegal drug. While these figures have been declining in recent years, the percentage of young people using drugs remains sizable. Further, federal appropriations for action and research concerning all aspects of the drug problem have risen from $2.7 billion in fiscal year 1986 to $10.5 billion in fiscal year 1991. Funding for prevention alone has increased 1,000 percent, from $136 million in fiscal year 1986 to $1.4 billion in fiscal year 1991. The importance of identifying effective drug abuse prevention strategies is clear not only from these increasing federal expenses, but also from the costs to individuals and families and the overall damage to our nation's productivity and competitiveness caused by drug use.

This report is about comprehensive community-based approaches to drug abuse prevention for youth. Though not yet proven effective, such approaches are often advocated by experts. For example, an evaluation of prevention projects funded under the 1986 Drug-Free Schools and Communities Act (DFSCA) examined a number of specific approaches (chiefly variations of ways to teach about drug abuse in school classes) and found that, in isolation, most were not very successful in changing drug use behaviors.[1] The evaluators suggested that these prevention programs have failed for a variety of reasons. Programs designed to be effective for combating one type of drug use (such as tobacco) had been inappropriately generalized in efforts to prevent others (alcohol, marijuana, or cocaine). Interventions in school were often short-term additions to an overloaded curriculum. Further, students' individual differences (for example, age, ethnicity, religious background, or socioeconomic status) were often not considered, and program designers assumed that "one size fits all." More generally, school-based programs were unable to reach high-risk youths who are frequently absent or who have dropped out completely. This report concluded that, despite the challenges involved in their implementation and evaluation, comprehensive approaches that addressed a number of factors were the most promising, and that programs should not be implemented in isolation.

Since 1986, the Congress has recognized the need for comprehensive community-based approaches to the prevention of adolescent drug use by designating a specific percentage of each state's DFSCA allotment for

[1]U.S. Department of Education and U.S. Department of Health and Human Services, Report to Congress and the White House on the Nature and Effectiveness of Federal, State and Local Drug Prevention/Education Programs (Washington, D.C.: October 1987).

such projects.[2] As interest grows in comprehensive programs targeting drug abuse prevention, early identification of strong program designs and even tentative indications of effective practice can be very useful to those working in the field.

Objectives, Scope, and Methodology

The Chairman of the House Subcommittee on Select Education asked us to examine the design, implementation, and results of successful, community-based drug abuse prevention programs for young adolescents, without regard to their sources of funding.

However, despite the frequent calls for programs of this type and growing funding, we found no body of proven, long-standing practice that could be analyzed to discover the important features associated with demonstrated success. Because we were unable to locate completed studies of these programs, we cannot discuss the results of successful programs. Therefore, in agreement with the Subcommittee, we modified our overall objective to the identification and description of the most promising approaches in comprehensive, community-based drug abuse prevention. In focusing on "promising" programs, we chose initiatives that are at least well-designed, and that also appear to exhibit early signs of potential success.[3]

This review represents further extension of GAO's approach to the evaluation of programs where data on results are not available. The review parallels earlier GAO studies of AIDS education and access to higher education for poor and minority youth.[4] In both cases, faced with little or no information on effectiveness but a strong national need for program development and expanded services despite ignorance of "what works," we could not judge outcomes but could at least identify and describe practices that appeared soundly designed, worthy of wider trial, and holding promise of eventual positive evaluation.

[2]20 U.S.C. 3192 (1988).

[3]We use the term "program," for ease of presentation, to refer to prevention efforts that, because of their comprehensiveness and involvement in many areas of a community, may or may not take the form of a traditional program.

[4]AIDS Education: Reaching Populations at Higher Risk, GAO/PEMD-88-35 (Washington, D.C.: September 1988), and Promising Practice: Private Programs Guaranteeing Student Aid for Higher Education, GAO/PEMD-90-16 (Washington, D.C.: June 1990).

Identifying Programs

We examined a variety of comprehensive, community-based drug prevention programs that provided services to 10 to 13-year-old youths. We defined comprehensive programs as those efforts that involved strategies across more than one domain of youths' lives (for example, the domains of the individual, family, peers, school, and community) or more than one segment of a community (for example, schools, parent groups, religious organizations, media, law enforcement, local government, social service agencies, the private sector, and so on). We were interested only in primary prevention programs—that is, those that target individuals before they experiment with drugs. While prevention efforts can begin much earlier, we chose the 10 to 13 age group because this is the critical period of early adolescence when experimentation may begin—at the transition from elementary to middle or junior high school, which generally occurs between grades 5 and 7. Finally, in hope of finding some evidence of effective as well as stable programs, we eliminated from consideration efforts that were just beginning at the time of our search, in spring 1990.

To locate programs, we identified 16 sources of lists of exemplary or promising prevention programs, including both innovative and unorthodox approaches as well as conventional ones. We used the following sources to identify promising programs:

- recipients of Office for Substance Abuse Prevention (OSAP) grants for high-risk youths,[5]
- recipients of OSAP Community Youth Activities Program grants,
- programs identified in preparation for the OSAP Community Partnerships Program,
- recipients of National Institute of Drug Abuse prevention grants,
- programs funded by states under the DFSCA set-aside for high-risk youth,
- winners of the Department of Education Drug Free Schools Recognition Program awards,[6]

[5]Eric N. Goplerud (ed.), Breaking New Ground for Youth at Risk: Program Summaries (Rockville, Md.: U.S. Department of Health and Human Services, 1990).

[6]U.S. Department of Education, Profiles of Successful Drug Prevention Programs (Washington, D.C.: May 1989, May 1990).

- winners of National Association of State Alcohol and Drug Abuse Directors (NASADAD) Exemplary Prevention Program awards (sponsored by OSAP),[7]
- Department of Housing and Urban Development Office for Drug-Free Neighborhoods Drug Information and Strategy Clearinghouse,
- Office of National Drug Control Policy,
- programs identified by the National League of Cities in its call for examples of local initiatives,[8]
- programs identified by the U.S. Conference of Mayors from information collected through its 11th Annual Mayors' Awards Program,[9]
- programs identified by experts in a Department of Justice funded study of promising approaches,[10]
- programs mentioned in such Department of Education conference proceedings as the Annual Conference on Drug-Free Schools and Communities,[11]
- programs identified through various media accounts,
- programs identified by the American Institutes for Research in its study of drug abuse prevention programs for inner-city youth, and finally,
- programs identified by researchers at Interface of New York City.

The lists included programs that differed greatly in the ethnicity of target groups, geographic areas served, prevention strategies used, and sources of funds. These 16 lists included over 700 programs, all believed to be exemplary or promising. Using program descriptions provided by each source and applying our criteria of comprehensiveness, purpose, ages served, and longevity, we identified 226 programs. We also asked a number of knowledgeable authorities to review the list of 226 programs and tell us of others we had missed that fit the criteria; however, they

[7]National Association of State Alcohol and Drug Abuse Directors (NASADAD) and the National Prevention Network (NPN), Twenty Prevention Programs: Helping Communities to Help Themselves (Rockville, Md.: October 1987), and Twenty 1989 Exemplary Prevention Programs: Helping Communities to Help Themselves (Rockville, Md.: March 1989).

[8]National League of Cities, Frontline Reports: Local Strategies in the War Against Drugs (Washington, D.C.: November 1989).

[9]U.S. Conference of Mayors, Anti-Drug Partnerships in America's Cities: An Annotated Directory of Enforcement, Treatment, and Education Programs (Washington, D.C.: December 1988).

[10]This study identified 150 experts through a snowball technique—who then named 200 promising drug abuse prevention, intervention, treatment, and aftercare programs.

[11]U.S. Department of Education, Proceedings of the Third Annual Conference on Drug-Free Schools and Communities (Baltimore, Md.: April 3-5, 1989).

did not identify any other programs. We then developed plans for visiting examples of the most promising of these programs and for surveying all 226.

Data Gathering Methods

We used two methods of gathering data on drug abuse prevention programs. First, we conducted site visits of the most promising programs. These programs were selected in the following way. At each organization that had identified programs, we asked a knowledgeable person to recommend no more than five of the most promising programs from among those we had selected as eligible for our review. This narrowed the list of 226 to 55 programs. We then reviewed the available written program descriptions and materials, using two of our staff members working independently, to select those that appeared most promising. In this way, we chose 10 programs to visit—diverse in target population, design, and geographical location—all of which were endorsed by both of our staff members.[12]

Our initial lists of programs known to national sources had a potential for bias against lesser known local efforts. To further identify promising local programs that, on account of a lack of publicity or public funding, may not have come to the attention of our expert sources, we asked staff at programs selected for a visit to recommend other strong programs in their community. From these recommendations, we selected two more programs to visit.

In the summer of 1990, using a two-person team, we then visited 10 programs for up to one week each, to gather data.[13] At each program we visited, we interviewed participants (youths, parents, and volunteers or other participants), staff (program director and line staff), and community representatives (such as members of advisory groups). At every program, we interviewed youths selected at random to ensure that we included individuals representing a range of personal involvement with, and commitment to, the program. We also used this selection method for staff interviews where feasible. We talked with a total of nearly 150

[12]Eight of the 10 agreed to our site visit; one declined to participate because of delicate community relations at the time, and another reported that the program did not operate in the summer, when we were scheduled to make site visits.

[13]We are grateful for the cooperation we received during these visits, especially because of the extensive nature of the visits to programs, some of which were not necessarily involved with federal law, regulations, or funds.

staff and community representatives and 125 youths at the 10 programs. From all of these groups, we gathered facts and perceptions concerning the programs' target populations, services, and benefits; implementation issues and ways services could be improved; reasons for participation; and ways that participation could be increased. Most importantly, we were given ample opportunity to observe program activities. Table 1.1 shows the 10 programs we visited.

Table 1.1: Program Sites Visited

Location	Major strategic element	Major ethnic groups served	Number of sites	Annual budget	Number served	Cost per person[a]
Albuquerque	Parent organization	Hispanics, Native Americans	5	$300,000	3,800	$79
Austin	Wilderness experiential learning	Multiethnic	2	472,000	450	1,049
Chicago	Consortium	African Americans, Hispanics	3	250,000	3,294	76
Chicago	Social responsibility	African Americans	1	330,000	3,000	110
Minneapolis	Cultural awareness	Native Americans	1	645,000	250	2,580
Minneapolis	Theater	Multiethnic	1	116,000	250	464
New York	Activities	African Americans	17	2,150,000	3,758	572
New York	Leadership training	African Americans	5	175,000	200	875
New York	Comprehensive colocation of services	Multiethnic	1	8,200,000	6,000	1,300
Puerto Rico	Education	Hispanics	12	8,110,750	189,306	43

[a]The budget, number served, and cost per person figures are based on all persons served by the programs, regardless of age. The differences in "cost per person" across the programs reflects, at least in part, the variations in types and number of services provided.

The second means of collecting data was a questionnaire mailed in the fall of 1990 to all 226 programs identified in our search. Using the survey results, we hoped to more accurately describe the broader range of programs. The survey—to be completed by the person most knowledgeable about the program—included questions about basic aspects of the programs, such as target population, numbers served, costs, planning, staffing, community relations, program operations, goals and objectives, extent of services, services offered, barriers, evaluation data collected (both process and outcome), and evaluation results (if any). After a second mailing of the questionnaire, a reminder postcard, and at least two telephone contacts with nonrespondents, we received 138

usable responses (a 68-percent response rate).[14] As a group, these programs served over 500,000 participants—equally divided between whites and minorities[15] —in the 12 months prior to our survey. The average participant in these programs attended once or twice a week for several hours at a time, typically for a 9-month period (although most programs said they operated year-round). Seventy percent reported that almost all youths completed the programs.

We also reviewed the amount of money available to two federal agencies that provided grants to local, community-based prevention programs of this type. These two agencies, the Department of Education and OSAP, control the majority of the funds available for these programs. We also learned of efforts by both agencies designed to increase the number or improve the quality of the evaluations conducted by programs receiving their support.

Finally, we reviewed articles, books, and other materials on adolescent development, including recent discussions of comprehensive prevention programs for disadvantaged youths. These documents are listed in the bibliography.

Data Analysis

In selecting our method for deciding what was most important in programs' design, we quickly learned that we could not rely on the best way—that is, using the results of evaluations to indicate which features were associated with greater program success—since programs were unable to supply much data on their outcomes either on our survey questionnaire or during our visits. We did, however, see large differences in the enthusiasm for, and attachment to, the programs exhibited by the young participants at the sites visited. For example, youths described their efforts to recruit friends into the program, expressed their desire to participate in the programs more frequently, and told us they felt that they belonged to the group. We used these comments as a rough index of promise—even though expressions of allegiance and enthusiasm about a program cannot prove its merit—because programs of this type are unlikely to produce results without such allegiance and enthusiasm.

[14]The response rate was calculated from the maximum number of potentially eligible programs (n = 202)—that is, those currently providing primary prevention services directly to youths aged 10 to 13.

[15]We use the term "minorities" to refer to all persons except Caucasians, including but not limited to African Americans, Hispanics, Latinos, Native Americans, Asian Americans, and Pacific Islanders. Persons of these ethnic backgrounds were often in the majority in the communities served by the programs we visited.

In trying to identify important program features, we first noted those common features that we observed in most or all of the programs we visited, particularly those related to broad aspects of the programs' approaches to providing drug abuse prevention services. It was our working hypothesis that because we picked promising programs to visit, major features that were present in most or all of the programs might be related to their potential success, and therefore could be considered important. Second, we noted those features that staff and youth participants told us were most important to program promise. In these opinions, we have captured those factors that produce intermediate results—such as retention, motivation, and attention—as well as factors that may be related to eventual improvement in the participants' lives. Third, we confirmed the importance of six key elements (described in chapter 3) in our finding that there were noticeable differences between the extent of attachment of participants to programs that had all six of these features versus those that lacked one or more. While participant attachment to the program or its staff is not a measure of program success, it may be a precondition of success since it does serve as a partial but essential measure of implementation effectiveness. Therefore, we defined important features as those that were present in all programs associated with high degrees of youth-participant enthusiasm for and attachment to the program and absent, to some degree, in programs with lower degrees of such enthusiasm and attachment.

We used the survey data to supplement aspects of the site-visit observation data, and we report both sources where there is overlap. In presenting findings from the site visits, we provide examples of each feature, illustrated with statements from staff, community representatives, or participating youths. They are representative of the types of statements that were repeated by many individuals with whom we spoke.

We did standard statistical analyses of the survey answers after clarifying responses in telephone interviews with the respondents. We discuss most results in terms of means (averages) where these figures accurately represented answers from all respondents. Occasionally, when the mean distorted the picture because of the outlying nature of the data from a few programs, we report the median (that is, the midpoint of responses).

We reviewed the general design of this study, the survey instrument, and the report with a panel of advisors (listed in appendix I), and we

performed our work in accordance with generally accepted government auditing standards.

Study Strengths and Limitations

The major strength of this study is that it provides new information about a little-described phenomenon. While drug abuse prevention programs for youths, especially in schools, are the subject of wide public and professional discussion, there have been few efforts to systematically describe and analyze the community-based efforts currently operating (although such projects are widely encouraged).

Another strength of the study is the use of two-person site visits as the major data source. These visits provided an opportunity to gain a more complete understanding of the complexity and diversity of these prevention efforts than would have been possible with any other means of data collection.

There are three major limitations of the study. First, although we would have liked to have found reliable evidence of success, and indeed needed it to help us determine the features important to program effectiveness, we in fact did not find such evidence. Thus, we can only document the promise we saw in some approaches on the basis of a number of weaker criteria.

Second, our descriptive analysis of the larger set of programs is limited by the degree of detailed information obtainable by any mail survey. For example, we could not determine the necessary details about services received by youths who participated in the programs surveyed. That is, while respondents identified which services they offered, the survey does not clarify whether all youths received all services or, if not, which youths received which services. This limitation restricts predictions of likely effects of different combinations of services, or examination of different cost figures in relation to different service patterns. We also learned in follow-up conversations with respondents that they did not always limit their answers to information on the early adolescent group we were asking about, since many programs served a wider age range.

Finally, we are unable to generalize our findings beyond those programs we visited and cannot endorse any specific program. However, the features we observed, and the program examples we provide, can serve as useful illustrations to others working in this complex area and begin the process that will eventually lead to strong practice and demonstrated program effectiveness in preventing youthful drug use.

Agency Comments

We did not solicit agency comments for this report; however, we did discuss the general findings and specific references to department activities with officials at both the Department of Education and HHS. They agreed generally with our findings. We have incorporated their comments where appropriate. We solicited comments on the accuracy of our program descriptions (in appendixes II through XI) from officials at each site.

Organization of the Report

Chapter 2 discusses the context for the programs we visited, including the communities served, developmental issues relevant to 10 to 13-year-olds, and the need for comprehensive programs in response to these environmental and developmental challenges. Chapter 3 discusses the issues that we identified as relating to program goals and design, and chapter 4 discusses implementation and evaluation challenges. Appendix I lists the study advisory panel members. Appendixes II through XI are detailed descriptions of each site we visited.[16]

[16]Our site descriptions are based on activities we observed, written program materials, and information gathered in interviews with program participants and staff. Particularly in our presentations of program goals and how activities are thought to produce results, we do not intend to suggest that we have evidence showing these linkages to be proven. Rather, at this time, the statements reflect the intentions and hopes of the program developers, subject to later evaluation.

Contexts and Challenges of Community Drug Abuse Prevention for Early Adolescents

We found we understood the specific programs' designs and activities better when we considered three elements: (1) the different community conditions programs faced, especially the presence or lack of youth services; (2) the special challenges of work with early adolescents; and (3) the importance of comprehensive approaches in disadvantaged communities.

Communities Served

The communities in which we conducted our site visits faced significant challenges of poverty, substance abuse, school failure, and family disintegration. First, most programs served low-income youths. One reported that the incomes of one third of the persons living in the area they served were below the poverty level. We visited another program in a community dominated by poverty, with most residents earning less than $10,000 per year. Many of the participants lived in housing projects and came from single-parent homes. In one program, staff told us that 75 percent of the youths were from single-parent households and 98 percent received food stamps. In other programs we visited, as many as 80 percent of the participants lived in single-parent households. Most of the programs we visited served youths from inner-city neighborhoods; the majority of survey responses were received from programs that were located in urbanized areas (53 percent) and that served multiple neighborhoods (79 percent).

These communities also experienced high levels of substance abuse, and individuals we spoke with reported community denial of the problem. Youth participants commonly told us that they had witnessed people using drugs and had been asked to sell drugs. New Mexico, where we visited a program operating in many communities across the state, reportedly had the second highest rate of alcohol-related problems in the United States. In January 1989, at least one person was killed every day in an alcohol-related traffic accident in the county served by the program. Staff reported that no one in their city was untouched by drunk driving deaths. We were told that in some communities in New Mexico, parents buy kegs of beer for their children's 15th birthday parties. (The 15th birthday is an important cultural event for Hispanics.) In another program, we were told that 100 percent of the participants had a person in the family who was chemically dependent or who had been treated for chemical dependency within the last 5 years.

The communities served by the programs we visited also experienced high rates of school problems and more general community disintegration. The schools in many of the communities we visited had bars on the

classroom windows. One program was operating in a community where only 10 percent of the students who finish high school go to college, and of those, only 2 to 3 percent finish. Another reported that 48 percent of its school-age participants were not in school, 28 percent had no regular means of support, and 50 percent were not living at home. A housing project served by one program we visited was characterized as having a high incidence of drug and alcohol abuse, violence, prostitution, and family disintegration.

Youth participants at several sites told us that their parents often did not get home until late, leaving the children alone in the house after school. Many youths entered programs without having fully experienced their own childhoods because they had had to care for their younger siblings. Program staff reported that they were like parents to the participants because of the youths' weak ties with their real parents. (This is not meant to imply that the parents were neglecting their children but rather reflects current lifestyle requirements. For example, it is plausible that the parents worked and were unable to secure adequate and affordable child care.)

From all these observations, it was clear that youths in the programs' target communities experienced very difficult situations and could well represent a great range of needs for help, both for themselves and for their families.

Issues for Young Adolescents

Drug Use Patterns

Many individual studies, as well as national data, show that experimentation with tobacco, alcohol, and drugs usually begins in the early adolescent years of 10 to 15. (One study found that almost 20 percent of those youths studied had used alcohol by age 10 and over 50 percent by age 14. The rate of initiation for marijuana increased after age 13.)[1] Therefore, fifth through seventh grade is an important period in which to begin attempts to prevent initial alcohol and drug use. These are also,

[1]See D.B. Kandel and J.A. Logan, "Patterns of Drug Use From Adolescence to Young Adulthood: I. Periods of Risk for Initiation, Continued Use, and Discontinuation," American Journal of Public Health, 74:7 (1984), pp. 660-66.

for most youths, the last years when prevention efforts do not have to compete with widespread alcohol and drug use by participants' peers.

Developmental Stage

Adolescence involves change and development in virtually every aspect of young people's lives, including their bodies, their ways of thinking, and their views of the world. Adolescents experiment with different ways of thinking and acting as part of the natural progression of separating from parents, developing a sense of autonomy and independence, establishing an identity, and acquiring the skills needed to function effectively in the adult world. Further, beginning in early adolescence, peers become significantly more influential, rivaling the family as a source of role models and values.

Decisions about risky behaviors, including alcohol and drug use, are a major challenge that all adolescents confront in the normal process of growing up today.[2] Young people starting junior high and high school face such decisions just at the time they enter a less controlled, less personal, and more demanding school environment. Among other reasons, drug use may be seen as a means to ease the family, peer, and school stresses brought on by adolescence, or, for some, may represent an attractive way of confronting adult authority.

Helping young people grow up in a healthy manner is thus a major challenge, particularly in poor communities where disorganized families and limited supportive services may contribute less than young people need. The programs we visited confronted enormous needs of youth along with the specific challenge of deterring the use of alcohol and drugs.

Importance of Comprehensive Approaches

There is no single, clear-cut cause of adolescent substance use; it is the result of the complex interaction of a multitude of factors, probably different for different individuals, groups, and substances. Hence, prevention is an equally complex challenge. Professional literature continues to suggest that prevention programs are most likely to be effective when they work at multiple levels of influence, including those of the individual, peers, family, school, the immediate neighborhood, and the wider environment.

[2]In an earlier report, we examined data on three kinds of teen risk behavior—drug use, school dropout, and pregnancy—reviewing both statistical trends and the problems of doing sound research. See U.S. General Accounting Office, Teenage Drug Use: Uncertain Linkages with Either Pregnancy or School Dropout, GAO/PEMD-91-3 (Washington, D.C.: January 1991).

Many professionals in the field also believe that at least some drug use (like other high-risk behaviors) is a symptom of deeper problems. If attention is paid only to preventing the use, without developing the coping and other skills needed to deal with these problems, results may only be temporary.

Nevertheless, drug abuse prevention programs have traditionally been segregated by professional, academic, political, and bureaucratic boundaries, by which these complex problems have been divided into manageable but narrow parts. Yet, it may be possible for prevention programs in a variety of substantive areas, rather than being limited by the views of a particular agency or profession, to approach the needs of youths in a family, school, and community context. Researchers have identified prevention programs that recognize that they cannot respond to the complex needs of individuals without regularly challenging familiar service-delivery patterns. Such programs find that interventions cannot be routinized or applied uniformly; they are intensive, comprehensive, and flexible rather than fragmented, meager, and uncoordinated. Further, such programs take form from the needs of those they serve rather than from any other set of rules.

Recognition of the importance of crosscutting drug abuse prevention efforts leads to the dilemma of whether the focus of intervention efforts should be on the specific target behavior (that is, drug use) or on underlying issues that powerfully affect many behaviors. For example, it is plausible to focus on central characteristics of the individual—such as self-esteem, the sense of internal control over one's life, or the belief in personal responsibility for one's health—or on concerns beyond the individual, such as family dynamics or school problems. Efforts to address these characteristics might arguably be more effective than simply providing information on drug dangers or refusal skills. While the central focus might be too general and diffuse to have much influence on specific drug-use behaviors, a third, mixed strategy could incorporate elements of both approaches—to create programs focused simultaneously on drug abuse prevention and on more general issues for youths, including relationships with peers, family, school, and their community. All the programs we visited faced this program design dilemma and resolved it in various ways as they worked to help disadvantaged young people grow up in a healthy manner in difficult environments. In chapter 3, we present common features of the most promising programs.

Program Goals and Designs

While the programs we visited offered various combinations of services, we observed similarities in the ways these diverse services were delivered in the most promising program sites. This chapter focuses not on the specific services but on the broader framework within which these services were provided, since variations in that framework seemed more related to promise than did differences in the details of individual programs. These programs took a positive approach towards youths, stressing the learning of skills, motivational techniques, and coping tactics necessary for dealing with the multiple problems in participants' lives (as opposed to the narrower approach of combating drug use alone).[1] Because commonalities define the distinctive overall character of the programs, we begin our analysis with discussion of six shared features. The most promising programs had in common (1) a comprehensive strategy, (2) an indirect approach towards drug abuse prevention, (3) the goal of empowering youth, (4) a participatory approach, (5) a culturally sensitive orientation, and (6) highly structured activities. We discuss each of these in turn.

Comprehensive Approaches

The majority of the programs we visited expressed their comprehensiveness by fashioning a broad approach to young people rather than by pooling the services of a number of social agencies. While consortium efforts to prevent drug use have been on the rise, we observed that the most promising programs addressed multiple youth needs through a single agency. These programs did not focus on drug prevention alone; rather, they intended to help the young participants deal with multiple challenges at home, at school, and in the neighborhood, as well as, in some cases, providing for basic needs in the areas of health and nutrition. Their basic rationale was to address not only drug use but also as many associated difficulties as possible. Table 3.1 shows the various ways in which this task was accomplished.

[1] A recent report by the Office of Technology Assessment suggests that comprehensive approaches which address multiple issues and involve multiple systems may be more effective than single-focus approaches. See U.S. Congress, Office of Technology Assessment, Adolescent Health—Vol. I: Summary and Policy Options, OTA-H-468 (Washington, D.C.: U.S. Government Printing Office, April 1991).

Table 3.1: Comprehensive Approaches to Drug Abuse Prevention

Approach	Example
Addressing multiple dimensions of youths' lives	Individual Family Peer group School Community
Addressing multiple public-health domains	Agent (drugs) Host (the individual) Environment
Use of a variety of services	Self-esteem enhancement activities General skills training Information and awareness enhancement Refusal skills training Youth leadership training Training of providers Education or training of parents Skills training specifically aimed at drug abuse prevention Counseling Alternative or recreational activities

We observed the programs offering services that, in varying degrees, addressed five different areas of the youths' lives: those of the individual, family, peers, school, and community. Of the 10 programs we visited, each one covered at least 2 areas, and 2 programs provided services in all 5 areas. Three programs offered services in 4 areas, and 4 programs provided services in 3 areas. Across the 10 programs, the average was in excess of 3 service areas per program, illustrating the extent to which these programs emphasized the comprehensive approach.

This multiple-level approach was also common among programs answering our survey. First, when asked to rate the extent to which their programs focused on the classic public health categories of the agent (drugs), the host (the individual), and the environment, 65 percent of the respondents noted that their programs focused heavily on all three. Second, at least half of the respondents rated as essential 10 specific services out of a possible 15: self-esteem enhancement activities, general skills training, information and awareness enhancement, refusal skills training, youth leadership, training of providers, education or training of parents, skills training specifically aimed at drug abuse prevention, counseling, and alternative or recreational activities.

At one program, we observed the integrated colocation of over 30 services offered by a range of staff, including doctors, teachers, coaches,

artists, and many others within the program's one building. These services included medical care, counseling, infant care and nutrition services, and physical and creative arts. The program's leaders told us that they required program staff to become generally familiar with many youth issues. The logic of this design was clear: because youths have difficulty following through on referrals, the program is designed to make access to services easy and to provide opportunities to deal with many different problems without the youths having to retell their stories to a multitude of professionals. For example, a dance teacher might notice that a student's performance is lacking, and subsequently learn that the youth is not sleeping well. The dance teacher would then discuss this problem with other program staff during the nightly full staff sessions designed to review the youths' progress and problems, in this case to determine whether others knew of the individual's living arrangements and to decide whether the youth needed help in finding more stable housing. This example typified an effort by program staff to deal with the underlying causes of a problem a participant was experiencing, rather than simply addressing the problem itself. This program exemplified those characteristics that others have found important in serving the most disadvantaged youths—that is, the offering of a broad spectrum of services that were coherent and easy to use rather than reliance on multiple referrals to other agencies (which could interfere with the development of good working relationships with the client and with getting needed services to the individual). In this type of program, staff would not say that while a client might have a particular need, helping to meet that need was not part of their job or was outside their jurisdiction. Rather, when necessary, they would find ways to circumvent traditional rules and regulations in order to meet their clients' needs.

Indirect Means of Addressing Drug Prevention

In addition to addressing multiple participant needs, the second common feature of the programs we visited was their indirect or "back door" approach to the specific issue of drug abuse prevention. That is, many programs did not emphasize to youths that the activities they were participating in were designed to prevent drug abuse. Rather, these activities were more commonly presented to youths as general recreation and skill-building opportunities. In fact, staff sometimes went to great lengths to dissociate themselves from drug abuse prevention as the primary focus (while, at the same time, never losing sight of that eventual goal). Youths were clearly attracted to these opportunities to participate in physical or creative activities in a safe environment. This indirect approach was manifested in three different ways. First, programs had

names that avoided the mention of either drugs or prevention; second, the activities were emphasized and often used as an incentive to encourage participation; third, and perhaps most important, drug abuse prevention discussions were often related to these activities rather than presented as separate components. Table 3.2 indicates the diversity with which these elements were displayed.

Table 3.2: Indirect Approaches to Drug Abuse Prevention

Approach	Example
Use of program names that omit any reference to drug use or prevention services	Jackie Robinson Center for Physical Culture Soaring Eagles American Variety Theatre Company Peer Consultants in Training The Door Fulfilling Our Responsibility Unto Mankind FORUM) Adventure Alternatives
Use of activities as enticements	Sports, dance, music, drama, food, games, movies, family outings, day camps, field trips, wilderness activities
Use of indirect prevention techniques	Sports and creative arts Themes of dramatic productions Cultural identity development Leadership development Experiential games Games oriented towards family communication and development

Use of Creative Program Names

Eight of the 10 programs we visited had developed creative program names, which omitted any reference to drug use or prevention services, to symbolize a common overall philosophy.[2] Fifty percent of the survey respondents also indicated that they avoided naming their program with a clear antidrug or prevention reference. Many programs appeared to be named after the school, community, or public housing complex in which they were primarily located. Of those with unique program names, 57 percent contained no reference to drugs or prevention services, and an additional 15 percent included only a general reference to prevention or intervention in their titles. Thus, only 28 percent of survey respondents actually used the word "alcohol" or "drug" in the names of their programs.

[2]The one program that did use the word "prevention" in its title was most frequently referred to by its acronym, thus disguising this reference. In addition, the two programs that had "drugs" in their titles were state-wide efforts, and their local program affiliates sometimes did not include these references in their titles.

For many youths in the type of high-risk environments we observed, other behaviors (such as truancy and delinquency) have already labeled them as troublemakers. Program staff told us that it was important to avoid the additional stigmatization that could result from other more overt labels and, further, that parents and youths may only seek assistance from those programs that avoid such explicit labeling. This view of the importance of program titles was so strong that one program, for example, even rejected funding that would have required that the program include in its name a specific reference to alcohol abuse prevention.

Emphasis on Activities

Youth participants told us that they typically were attracted to these programs because they offered desirable activities, such as cultural heritage classes, sports, or art activities, or simply the chance for free meals or snacks. As previously noted, the programs we visited operated in places with very few opportunities; program directors said that general youth activities and sports were not commonly available in settings that were safe, clean, and free of illegal drug activity. Staff in these programs also indicated that using activities as a "hook" was less threatening to youths than a direct approach, such as requiring participants to enroll in a drug abuse prevention program. This structure also provided opportunities for youths to feel that they belonged to a group. (Peer group membership and acceptance are recognized as important aspects of adolescent development.)

The activities offered by many of the programs we visited were strong draws according to both staff and participants. For example, youths in one program often missed dinner at home and were willing to spend time in less desirable activities such as counseling and academic tutoring in order to participate in the more entertaining program activities. Many of the youths indicated that while they initially became involved in the program to participate in activities such as basketball, tap dancing, or double-dutch rope skipping, they nevertheless enjoyed, and believed they benefited from, the more serious drug abuse prevention components of the program.

Consistent with these site visit observations, 86 percent of the survey respondents reported that alternative and recreational activities were at least fairly important to their efforts. In a free-response question about which program activities were most important in accomplishing the program goals (most often described as preventing drug use), program staff typically cited a range of general services and activities rather than any

activity that specifically addressed drug abuse (such as information about drugs, skills training specifically targeted towards resistance to drugs, and so on).

Prevention Tied to Activities

Rather than simply being offered as additional components of the program, drug abuse prevention discussions were often directly related to, or intertwined with, program activities. In these instances, youths were not confronted with prevention topics; rather, the topics were introduced as natural outgrowths of the activities as much as possible. In this way, activities that began as enjoyable diversions could naturally incorporate lessons in drug abuse prevention. For example, we were told that theatrical performances about street life at one program often started out as "just plays" but became much more personal explorations as the youths conducted character research (for example, research on runaways or drug abuse)—in the process, raising numerous issues that the staff then discussed with the youths. Within this relevant and practical context of gaining insight needed for effective acting and play production, youths were more willing to participate in such discussions.

Empowerment Approaches

The third broad commonality we observed across our visits was the programs' positive approach to young people that endeavored to teach them coping and other skills, as opposed to a problem or deficit orientation. Programs were based on a philosophy that built on the strengths of the participants rather than on a deficit model that assumed that participants needed to be "fixed" or "cured." The ultimate objective of many of the programs we visited was not limited to drug abuse prevention, but aimed broadly at empowering youths with the range of skills necessary to make positive, constructive, and healthful choices. In an effort to enhance participants' personal or economic independence, these programs provided environments where youths were allowed and encouraged to experiment with new roles and new ways of interacting with others, as well as created supportive environments to nurture the healthy development of all program participants. We observed three main strategies for empowering youths with these needed skills: (1) role modeling, (2) leadership training, and (3) general skills development. These strategies are illustrated in table 3.3.

Table 3.3: Empowerment Approaches to Drug Abuse Prevention

Approach	Example
Use of role models	Recruitment of male staff Recruitment of realistic role models from the community
Development of leadership skills	Public speaking training Question/answer sessions with adult members of audiences for program dramatic performances Community service activities Peer leadership training
Development of general skills	Use of sports and creative arts to develop natural talents Academic assistance Parenting education and training Values clarification workshops Communication skills training Problem-solving/coping skills training Vocational preparation Hands-on marketing and promotion experience

Role Modeling

Staff indicated that youths needed continuing relationships in order to develop trust and maintain positive behaviors. Many of the participants came from families where parents—often a single parent—could not consistently provide adequate care. Program staff stressed to us the importance of efforts to find local role models or mentors for youths. These were to be responsible adults who could become attached to the youths and attend to their specific needs. They contrasted this approach with one that uses professional athletes, actors, or other celebrities as role models, pointing out that very few youths would ever have the skill and luck to emulate them, much less meet them frequently or have them serve as regular mentors. Rather, these programs believed that local community members could wield much more influence in a youth's life over the long run. In addition, they required a long-term commitment from those acting as role models. These relationships were most often developed in the context of other program activities, rather than being a separate activity (as is the case in the Big Brothers and Big Sisters programs). Because many youths lacked positive male role models, some programs made an extra effort to recruit male staff.

Consistent with our site-visit observations, 71 percent of the survey respondents indicated that the use of a mentor or role-model program component was at least fairly important to the success of their programs. Further, respondents indicated that this mentoring function was most often performed by program staff, which is consistent with our

site observations. In addition, among four desirable staff traits, 80 percent of the respondents ranked the ability to build strong rapport and relationships with youths first (ahead of sensitivity to the culture of the target group, living or having previously worked in the community, and similarity to the target group in terms of gender). All of this evidence is consistent with the work of others who have noted that one of the most important themes in drug abuse prevention programs is the importance of providing individual attention to high-risk children.

Leadership Training

Programs provided leadership training for their young participants in a variety of forms. Some had specific leadership training components, while others tried to provide this training in the context of other program activities. In leadership training components, participants typically applied their newly acquired skills to community projects. In one program that provided specific leadership training to develop self-esteem, graduates of the training assessed the needs of the community and developed programs that would effectively communicate the drug-free message to their neighborhoods. Among others, these community projects included recording public service announcements, making a presentation to younger children, and hosting a carnival whose theme was an antidrug message.

Consistent with our site-visit observations, 68 percent of the survey respondents indicated that the use of a youth leadership component was essential (another 17 percent rated it fairly important) to the success of their programs.

Skills Development

All the programs we visited provided skill-building opportunities for youths. These related to specific areas of athletic, artistic, or academic skills or to broader areas of interpersonal, communication, problem-solving, or coping skills.

One program provided both class instruction and hands-on opportunities in a farming enterprise owned by the program. Youths marketed and sold the food they grew, and kept their profits (agriculture was a viable field of employment in this particular geographic area). This program also had an apprenticeship project that matched young people with experienced tradesmen, offering job experience in carpentry, plumbing, electronics, and other fields. Local companies offered similar experiences in the form of training, marketing, and employment opportunities. Each project venture was youth initiated, owned, managed, or

operated. As a result of this effort, a printing shop and a fruit juice marketing/sales business had been started.

This program is one example of the rechanneling of risk-taking behavior, which is normal for adolescents, into more desirable activities. Other types of skill-building challenges included wilderness adventures, athletic competitions, and opportunities to develop and use vocational abilities; we observed each of these activities in one or more of the programs we visited.

Participatory Approaches

The fourth common feature of promising programs that we observed was the active engagement of youth participants in the services provided; we saw few situations that allowed for the kind of passivity commonly found in school lectures. Table 3.4 illustrates some of the various forms that participatory approaches took. Participation is motivating in the first place, and it may also increase the likelihood that participants will retain skills and knowledge gained. Even in school situations, evidence exists that young adolescents are more likely to learn new material and skills when they actively participate in the process. A recent meta-analysis found that attitudinal effects of drug abuse prevention efforts were significantly lower when lectures were the only means of instruction.[3]

Table 3.4: Participatory Approaches to Drug Abuse Prevention

Approach	Example
Use of active participation	Rap group counseling Role-playing activities Researching of dramatic roles Local determination of services Leadership training Group participation in task-solving activities Community service activities
Use of goal- or product-oriented activities	Sports tournaments Creative arts performances Community service activities Farming "Challenge" games

We observed participatory approaches to general leadership training and self-esteem building, as well as to specific drug education activities. Rather than simply teaching these topics in a classroom setting, the programs developed creative activities for youths to participate in. For

[3]Robert L. Bangert-Drowns, "The Effects of School Based Substance Abuse Education—A Meta-Analysis," Journal of Drug Education, 18:3 (1988), pp. 243-64.

example, in leadership training, programs required youths to select and perform community service as part of their training. In addition, programs did not lecture about self-esteem; rather, they provided games and exercises carefully planned to offer success to many participants, in order to improve their self-esteem. Finally, in teaching skills necessary to resist offers to use or sell drugs, leaders gave youths many opportunities to role-play their new skills. (Research suggests that people are unlikely to develop and then correctly and consistently use resistance skills unless they actually practice them.)

Some programs carried this concept one step further and created participatory activities that were goal- or product-oriented. Goal-oriented activities serve to develop opportunities for achievement, thought to be important to positive adolescent development. We heard of a very wide range of such activities, both of an individual and group nature, including creative arts performances, athletic tournaments, problem-solving games, neighborhood parades, clean-ups, and services to other needy groups.

In one program, youths were challenged with games so designed that group members needed to cooperate in order to successfully complete the tasks. In one game we observed, the necessary planning and coordination proved to be, at times, frustrating and difficult for the group. Arguments broke out periodically and had to be resolved by momentarily suspending the activity and resolving the conflict through discussion. This participatory activity provided ample opportunities for program staff to observe positive and negative relationships, decision making, and interaction behaviors. In addition, staff indicated that once youths succeeded at activities they never thought they could succeed at, their self-esteem increased. Staff also believed that, through this group process, youths learned how to resolve conflict and work with others.

Culturally Sensitive Approaches

The fifth common feature we observed was that the programs we visited, which served poor youths in inner-city and rural communities, normally seemed to design activities with great cultural sensitivity. Many program staff reported to us that, particularly to teach self-respect to minority youths, it was important to have a culturally specific approach that allowed youths to take pride in their cultural heritage. We saw evidence of this cultural sensitivity in both staffing patterns and content of program activities. Table 3.5 illustrates some of these approaches.

Table 3.5: Culturally Sensitive Approaches to Drug Abuse Prevention

Approach	Example
Use of racially/culturally compatible staff	Candidates drawn from the community served by the program Candidates drawn from the residents of the housing project served by the program Candidates drawn from the program participants' ethnic group(s)
Use of culturally appropriate program activities	Culturally relevant theatrical productions Ethnically relevant music, dance, and other activities Local curriculum development Program components based on ethnic traditions (for example, the Native American pledge)

When asked to rank, among four other qualifications, the importance of staff cultural sensitivity toward youths, 29 percent of the survey respondents ranked it as most important, and 56 percent ranked it second most important. Cultural sensitivity need not only apply to staff and the content of activities; it also may be reflected in the specific types of services emphasized. For example, the survey results suggested a possible cultural difference in the types of program services provided.[4] While we were unable to determine the reasons for the greater importance assigned to certain services for minority youths, there are many plausible explanations. The fact that there are differences suggests that these programs may have developed programs that were sensitive to the unique needs of the youths they served.

Use of Indigenous Staff

We observed that staff commonly were racially and culturally compatible with youth participants in the programs we visited. For example, staff of a program serving a Native American population indicated that some participants did not readily trust or develop relationships with people of a different culture. This program therefore used the Native American staff as role models who could teach youths positive cultural values, spirituality, and traditions.

Cultural sensitivity was also demonstrated in ways other than by matching staff and client ethnicity. For example, a state-agency-sponsored program serving a housing project population found that they had difficulty recruiting participants because of the traditionally poor relationship between the residents and state agencies. The program then

[4]Tutoring, alternative activities, and cultural awareness were more often considered essential by programs predominantly serving minority youths than those predominantly serving white youths.

undertook concentrated efforts to recruit a few of the residents to serve as peer leaders. These leaders in turn were more successful in recruiting other participants from their housing project than the agency staff had been.

Culturally Appropriate Activities

Through our site visits, we learned of a wide range of program activities based on the appropriate culture of participants, including Native American powwows, African dances, Puerto Rican music, and so on. For example, the staff in one program explained their belief that people who have a strong sense of self, developed through cultural identity, are less likely to use solutions like drugs to make themselves feel good. This program, serving mostly African American youths, therefore offered classes in traditional African song, dance, and music, culminating in performances during school assemblies (thereby also incorporating the previously mentioned elements of participation and product). Students in the audiences who became interested in these art forms were subsequently recruited to join the program in order to learn how to perform the dances and play the musical instruments.

Structured Approaches

The sixth common feature we observed was an emphasis on providing order, structure, and predictability in every possible way in program design and in working with individual youths, in order to preserve a dependability and consistency that otherwise may have been lacking for the youths. Thus, many staff from programs we observed asserted that an essential feature of their programs was the offering of activities in a structured, disciplined environment. We heard about this feature from young participants as well. At more than one program, staff structured activities by making all the information needed for participation very clear (for example, activity content and rules, as well as meeting places and times). Staff at these programs maintained discipline both through predetermined program rules and by actively supervising all the youths to ensure that rules were being followed. In some programs, the youth participants reinforced rules so that staff did not need to intervene. The regular and predictable activity schedule also enabled participants to count on the program activities. Staff at one program that had many promising features indicated that a tight structure and predictability were, before all others, the most important reasons for the program's likely success. Table 3.6 shows that this structure took a variety of forms in the programs we visited.

Table 3.6: Structured Approaches to Drug Abuse Prevention

Approach	Example
Use of an environment requiring self-discipline	Participation in theatre arts productions Planning and carrying out service projects Following rules of experiential games Obeying rules of buildings that house activities
Use of regular activity schedule	Activities planned to occur at regular times Activities planned for individual participants Staff supervision of activities to ensure adherence to timetable

One program emphasized the importance of discipline and rewarded it formally. Activities were structured to reward youths who attended program activities consistently. Youths who played basketball accumulated points for attending each practice as well as for winning games. These points could then be used in competing for awards at the end of the year. Through this system, a moderately talented youth who consistently attended each practice had as much (or more) chance to win the award as did the star who helped the team win several games but failed to show up for others.

These findings are consistent with other research that has noted that, for younger adolescents, highly structured programs may be developmentally most appropriate. In these programs, group interaction is promoted through structured activities that introduce topics and promote the acquisition of skills.

Summary and Conclusions

We observed six features that were present in all the programs we visited that had a high degree of youth enthusiasm and attachment to the program; at least one of these features was missing from the programs where we detected lesser degrees of enthusiasm and attachment. Enthusiasm is not a measure of program success; however, programs are unlikely to be successful without it. Because we found no definitive evidence of the effectiveness of the programs we visited or surveyed, we offer these observations on promising programs as illustrations for others working in this complex area. However, we do not endorse any specific program and acknowledge the limited generalizability of these findings. These programs took a positive approach towards youths, stressing the learning of the skills, motivational techniques, and coping tactics necessary for dealing with the multiple problems in participants'

lives (as opposed to adopting the somewhat negative approach of combating drug use alone). The most promising programs shared six features: (1) a comprehensive strategy, (2) an indirect approach towards drug abuse prevention, (3) the goal of empowering youth, (4) a participatory approach, (5) a culturally sensitive orientation, and (6) highly structured activities.

It is of great interest to evaluate the diverse approaches to preventing drug use now being tried. For example, other types of programs include media campaigns and efforts to build coalitions of many community organizations to coordinate related work. However, we cannot judge the relative merits of these different approaches since we only looked at programs that provided direct services to youths, thus excluding both media and community-coordination efforts. It is plausible that the most successful programs could be those that combine all of these approaches.

Program Implementation and Evaluation

Most programs we visited were broadbrush efforts aimed at very needy young people in very poor environments of the inner city and rural areas, from Puerto Rico, to New Mexico, to the boroughs of New York City. Not surprisingly, in addition to the issue of basic design, they faced challenges of implementation. We did not find definitive evidence of programs' achievements that would permit us to recommend particular solutions, but participants identified directions they believed would lead to success. The programs shared common struggles in the following six areas: (1) maintaining continuity with their participants, (2) coordinating and integrating their service components, (3) providing accessible services, (4) obtaining funds, (5) attracting necessary leadership and staff, and (6) conducting evaluation. In the context of serving needy youth in very poor communities, these areas clearly represent sizable challenges. We discuss each area in turn.

Continuity of Service

Program managers were acutely aware of past inconsistencies in services provided in their communities, as programs started and stopped in a fashion usually inexplicable to their clients. They aimed to do better, both for their communities generally and in particular for the young participants with their special need for continuity of relationships with staff. Management approaches in pursuit of this goal included requiring long-term staff commitment, occupying distinctive quarters that gave the impression of permanence, providing help to others in a community (such as letting separate organizations use a meeting room) to create useful interdependencies, and conducting follow-up and "alumni" activities for previous participants.

Coordination

Given the common goal of these programs to do many things for and with participants, managers faced tasks of coordinating diverse external agencies or diverse internal staff and subunits. In the first case, program officials needed conflict management skills, persistence, and patience to overcome turf concerns of specialized professionals and their agencies, in order to provide a full range of services to their young participants. Sending staff from the core program to monitor the outside agencies, giving visibility and credit to all participants' efforts, and maintaining a countervailing coalition of residents, were among the specific strategies we observed for handling the challenge of external coordination. We saw internal coordination addressed through familiar methods of communication in meetings and specific cross-specialty training, including the elimination of professional jargon and the inclusion of all levels of staff in all training in order to break down hierarchical barriers to shared

work. A very large program, serving the needs of thousands of adolescents in the nation's largest city, required staff to meet late in the evenings to discuss individual youths at length in order to develop a full understanding of their problems, as well as useful multiple responses to them.

Coordination issues can often be dealt with in the planning stages of a program. From our survey, we learned that most of the programs responding (71 percent) said they had done an assessment of need before starting their program, and many had had a planning committee with wide participation. (Media and business were the sectors least often cited as among those surveyed or interviewed during planning efforts.) Most programs also judged this planning process to have been essential or at least very helpful. Beyond these data, we do not know the specific nature of the assessments. Most believed their programs to be very well known in their communities, and reported the strongest support from schools and parents. (Again, media and business were the sectors least often cited as strong program supporters.)

Making Programs Accessible

A perhaps surprising degree of effort was expended by programs we visited in reducing barriers caused by scheduling and transportation difficulties that could prevent young people from participating. This sort of assistance is particularly important when offering services to those who may already be frustrated by obstacles confronted in other programs and who do not possess the organizational skills needed to negotiate obstacles that include lack of money, time, and geographic mobility.

First, most programs offered services after school and in the evenings. While this places high demands on staff and can exacerbate transportation problems, these are obviously the times of day when young people are available. Offering services at these times can demonstrate the commitment of the program and, more importantly, provided youths with an alternative to other, more dangerous activities. In the areas served by the programs we visited, there were few other opportunities for youth. Seventy-five percent of the survey respondents reported maintaining after-school and evening hours for their program participants.

Second, the programs worked hard to provide transportation to and/or from program activities. Poor or working parents were often unable to provide private transportation, or youths did not have money to ride public transportation. In addition, since many programs operated into the evening hours, the safety of youths traveling home at night was a

concern. For example, in one program, it took 6 staff 3 hours each to pick up and drive home up to 90 percent of the youths; staff also called parents the night before the activities to confirm these transportation arrangements. Forty-seven percent of the survey respondents reported providing such transportation support for program participants.

Funding Issues

It was not surprising to hear from staff in these unusually comprehensive programs in both our visits and survey responses that funding was too limited, of too short duration, and too narrowly circumscribed by the sources to suit them. First, funding shortages forced programs to offer fewer activities than they wished (for example, fewer evenings and no summer scheduling) or to offer smaller salaries than they believed necessary to maintain long-term, committed, high quality staff. Second, the typical annual funding cycles caused painfully frequent uncertainties for staff and participants and thus undermined long-range service plans. Third, many sources of funds were assembled by program officials in their search for support for a broad range of services to match their young participants' needs. In the most extreme case, 111 different kinds of funds were used to support one of the most impressive programs. Successfully maintaining this array of city, state, and federal contracts and grants, as well as soliciting donations from individuals, corporations, and foundations, has consumed considerable management effort over the last 20 years, according to program officials. Fourth, drug education and drug abuse prevention fund donors typically required that their donations be spent on only a small part of the array of services that program officials believed their participants required in order to grow up healthy and drug free in their impoverished environments.

From the survey, we obtained general information on funding sources used by the programs. Programs were generally modest in scale—half spent less than $166,000 yearly, although some large operations pushed the average to $430,000 per year. Funding sources were eclectic, and federal funds did not predominate. One quarter of the programs had no federal funds, and half had $44,000 or less in federal funds. The average federal grant was $164,160, and overall about 40 percent of the total program expenditures were federally funded. Our 138 survey respondents reported receiving a total of $21.5 million in federal funds in their most recent year of operation, out of budgets that totaled $56.3 million.

With these programs' budgets and the average federal contribution in mind, we analyzed how many similar efforts could be supported with

currently available federal funds. Under DFSCA, at the time of our review, a state's chief executive officer was authorized to use not less than 15 percent of its federal allocation to award grants to, or contract with, community agencies for the development and implementation of programs, similar to those we visited and surveyed, for high-risk youth.[1] In fiscal year 1990, this percentage of federal allocations amounted to $49.4 million. This fiscal year 1990 allowance for comprehensive community programs would have supported about 301 programs of the sort we surveyed (assuming federal funds were 40 percent of the total budgets, the average for projects in our survey).[2] The one relevant competitive local-grant program administered by the Secretary of HHS (the High-Risk Youth Program) spent $32.8 million in fiscal year 1990 grants for programs similar to those in our study.[3] Adding the service dollars available under this program, the number of community programs hypothetically fundable under both agency programs would increase to 501.[4]

Program Leadership and Staff

It should be clear from the ambitious program goals and the significant management tasks already listed that directing and staffing such comprehensive programs are themselves major challenges. Dealing effectively with needy and possibly difficult young people, guiding turf-conscious service agencies or diverse staff, and extracting resources from every corner of the environment—all these ingredients of the leadership effort clearly combined to form a demanding task. Yet we saw numerous instances of apparent success in our visits. Several directors had run their programs more than a few years. Some had held specialized posts in the community (such as that of school principal) before their present job as director of a comprehensive program, which they told us helped them to build service partnerships and also to recruit staff for the program.

[1]Seventy percent of the federal funds for grant awards were dedicated to school-based programs. Of the remaining 30-percent portion, which was allocated to governors, not less than 50 percent was to be used in grants or contracts for innovative programs of coordinated services for high-risk youth (20 U.S.C. 3192, 1988).

[2]The Crime Control Act of 1990 reduced the amount of federal funds available to states for innovative programs for high-r youth to 12.75 percent (Public Law 101-647, section 1504). Based on this new level of allocation, the number of programs that could be supported would be reduced.

[3]HHS also allocates funds to block grants and competitive grants to states under the Community Youth Activities Program, which is scheduled to be discontinued as of fiscal year 1992. These were not figured into the total because funds are not directly awarded to local programs.

[4]HHS awarded grants to 116 individual and community programs, for an average of $282,647 per program. Of this amount, a minimum of 15 percent was to be spent on evaluation. Thus, the average share of federal funding that individual programs received for services ($240,250), was a somewhat larger amount than the average federal budget for the programs we studied.

The program staff, in turn, faced the emotionally and physically demanding work of meeting the broad spectrum of needs of early adolescents in difficult environments. In what was an often deliberately deprofessionalized situation, career paths were obscured, and resource scarcity and uncertainty added further burdens to the already complex task of serving as parent, coach, and teacher. The programs in the survey employed staffs of about 15, mostly full-time, chosen principally for their ability to establish rapport with young people and also for their sensitivity to the participants' culture.

Program Evaluation

We would like to be able to report that we have identified community-based drug use prevention programs that were documented as successful. Instead of hard evidence, however, we have had to rely on expert nomination and a variety of inferences from limited data. The danger here is subjectivity; what are needed are comparative and longitudinal data and analysis to identify successful programs and demonstrate what characteristics or components of community-based drug abuse prevention programs are effective.

Evaluation of social programs is often an evolutionary process, beginning with some descriptive information on program participants and aspects of the program process, developing into a more formal assessment of the effect of the program on the participants, and maturing into a formal outcome or effectiveness evaluation. An outcome evaluation consists of a carefully designed study that provides data on outcomes for participants in a program—such as lower rates of drug use, increased levels of education or employment, and the like—and the same data for similar persons who were not participants. Such an outcome or effectiveness evaluation thus provides evidence on what changed as a result of the program. Positive results from an outcome evaluation—showing more favorable results for participants than for similar nonparticipants—offer hard, objective evidence that a social program truly makes a difference and thus is a positive investment in human capital.

We found in our survey that many programs were in the first two stages of evaluation. Most (over 90 percent) were collecting data, but many (42 percent) had not yet analyzed their data. Only 3 percent had any completed evaluations. Over half of the programs were more than 4 years old, which we considered to be enough time for them to have completed at least some evaluation. In our site visits, we observed outcome data being collected, including school grades, reports of drug use, knowledge

concerning drugs, and self-esteem levels. However, only one of the 10 programs we visited had collected data from a comparison group, which is the fundamental requirement of an outcome evaluation.

This is not to say that there are no results, only that there has been scant effort at documenting them, even in places where they are probably most likely. This failure to document results represents a great loss to this developing field, where reliable evidence of success could guide so many efforts.

The types of process data reportedly collected by over half of the survey respondents included program monitoring, client characteristics, program costs, service delivery counts, and client satisfaction levels. Over half the respondents also reported collecting outcome data on attitudes towards drug use, knowledge and awareness concerning drugs, drug use behavior, alcohol use behavior, self-esteem, and school behavior. Two thirds of these studies made assessments before and after the program, but as in the case of the evaluations we saw in our site visits, most lacked information on any control or comparison group.

Some programs we visited expressed an interest in conducting more detailed evaluation but told us that they lacked specifically earmarked funds to do so and were reluctant to divert scarce program resources. The challenge facing these programs was how to conduct evaluations that provided useful information, were not unduly costly and burdensome, and provided believable evidence concerning the effectiveness of the program and the reason for this effectiveness. It is clearly beyond the scope of most of these programs (in terms of research skills, money, and time) to conduct the ideal study: a longitudinal assessment of randomly assigned control and experimental groups. However, alternative designs—including repeated posttesting of participants, comparison to normative samples, and the use of nonrandomized comparison groups—can produce useful and believable evidence.[5]

Despite the difficulties of evaluating prevention programs, the lack of evidence about the effectiveness of the programs creates a notable void in an area where sound evidence could guide others who develop and

[5]To help the promising tuition-guarantee programs faced with similar challenges of evaluating long-term, intensive programs for disadvantaged youth that we reviewed in an earlier report, we included an appendix of suggestions about data and study designs. Much of that material is equally pertinent to the comprehensive programs we reviewed in this report. See Promising Practice: Private Programs Guaranteeing Student Aid for Higher Education, GAO/PEMD-90-16 (Washington, D.C.: June 1990), pp. 67-69.

administer such programs. Evaluation could serve the purpose not only of advancing the drug abuse prevention field in general but also of helping local programs identify specific strengths and weaknesses, including areas where programs could be changed to improve effectiveness. Nevertheless, comprehensive drug abuse prevention programs have goals that go beyond the prevention, reduction, or delayed onset of drug use; thus, there remain evaluation challenges in regard to these other goals.

The Department of Education is completing a guide for evaluating drug education programs.[6] In addition, technical assistance in the area of evaluation is available from the five federally funded Regional Centers on Drug-Free Schools and Communities. OSAP is also developing three manuals to assist in the development, implementation, and evaluation of drug abuse prevention programs.[7] Further, while not legally mandated to do so, HHS requires that grantees allocate no less than 15 percent of their budgets for evaluation. Under the three HHS grant programs that we reviewed, there was nearly $88.1 million spent on grants with this requirement, thus reserving $13.2 million for evaluation.

Conclusions

Most programs we visited were broadbrush efforts working with very needy young people in very poor environments in the inner city and rural areas. In addition to the issue of basic design, they faced challenges of implementation in the areas of maintaining continuity with the participants, coordinating and integrating the service components, providing accessible services, obtaining funds, attracting necessary leadership and staff, and conducting evaluation. We did not identify definitive evidence of program achievement that would permit us to recommend particular solutions, but participants clearly identified directions they believed would lead to success. The challenge most threatening to the goal of finding solutions to the problem of drug abuse is the current lack of evaluation evidence to demonstrate the success of individual programs.

[6]The handbook is intended to aid grantees under DFSCA in complying with strengthened evaluation requirements added by the Drug-Free Schools and Communities Act Amendments of 1989 (Public Law 101-226). This handbook was not completed at the time we finished our review in August 1991.

[7]These manuals are referred to as the "logic model," "implementation," and "evaluation measures" handbooks.

Recommendations

We recommend that, as soon as possible, the Secretary of Education complete and disseminate widely the drug prevention program evaluation handbook now being developed. We also recommend that, as soon as possible, the Secretary of HHS complete and disseminate widely the implementation, evaluation-measures, and logic-model manuals now being developed by OSAP. While we have not reviewed early drafts of these documents, the current lack of guidance suggests that these are among the few potential resources for local programs struggling with the challenges of program design, implementation, and evaluation.

Matter for Congressional Consideration

Programs are currently reluctant to spend their scarce resources on evaluation if it means reducing services to participants. Further, many more youths could potentially participate in the programs of the type we studied than the programs are currently able to serve, and reducing services in order to conduct evaluations would seem to be an unfortunate trade-off at this time. Though we believe that all programs would benefit internally from evaluations—which cumulatively could help the field develop—at this point, federal evaluation funds might be better spent on a smaller set of well-designed evaluations. In particular, this would allow a focus on the most promising models, which in turn could provide the most information about which program features are critical to program success. Thus, if the Congress wishes to learn more about what works in this type of drug abuse prevention program, it should consider providing additional evaluation funds for national, independent, long-term evaluations of the most promising comprehensive, community-based drug abuse prevention programs.

Agency Comments

While officials from both agencies were in substantial agreement with our discussion of funding and evaluation, they expressed concern about the difficulty of evaluating prevention programs of this type. Our discussion with agency officials centered on ways to gain more knowledge from currently funded projects through evaluation. Agency officials stressed the design and measurement problems in local prevention-program evaluation and favored targeted, nationally directed evaluations in which these problems could be better addressed.

Advisory Panelists

Dr. Ernest L. Chavez
Colorado State University
Fort Collins, Colo. 80523

Dr. Don Des Jarlais
Chemical Dependency Institute at Beth Israel Medical Center
New York, N.Y. 10013

Charlene Doria-Ortiz
Center for Health Policy Development, Inc.
San Antonio, Tex. 78207

Dr. James Emshoff
Georgia State University
Atlanta, Ga. 30303

Dr. Michael Klitzner
Pacific Institute for Research and Evaluation
Bethesda, Md. 20814

Dr. Karol Kumpfer
University of Utah
Salt Lake City, Utah 84112

Leonard C. Long
West Dallas Community Centers
Dallas, Tex. 75247

Dr. Joel Moskowitz
University of California at Berkeley
Berkeley, Calif. 94704

James Ross
Macro International, Inc.
Silver Spring, Md. 20910

Barbara Stewart
Division of Substance Abuse
Department of Mental Health and Mental Retardation
Frankfort, Ky. 40621

Dr. Stephen B. Thomas
University of Maryland
College Park, Md. 20742-2611

Parents for Drug Free Youth

Program Scope

Parents for Drug Free Youth (PDFY) is a grass roots parents' organization developed to deal with high rates of substance abuse and community denial in predominantly rural Native American and Hispanic communities in New Mexico, the state with the second highest rate of alcohol-related problems in the United States. While the program provides services to youths, the focus is on training parents to communicate more effectively with their children. In 1989, PDFY served over 3,800 parents, conducted over 100 workshops for professionals, and sponsored over 60 community mobilization events.

Purpose and Goals

The purpose of PDFY is to reduce the demand for drugs and prevent preteen and adolescent substance abuse. PDFY has four stated goals: (1) to mobilize communities, parents, and volunteers in order to prevent substance abuse; (2) to provide drug abuse prevention education and training to individuals and organizations that provide services to youth and the general public; (3) to empower youth through meaningful activities and responsibilities; and (4) to transform negative peer pressure into constructive activities such as role-modeling and leadership training.

Program Operation

PDFY uses volunteers, mostly parents, to offer prevention, education, and training services in an effort to create drug-free neighborhoods. These volunteers work to establish parental action and support groups in six different parts of the state, as well as to develop more general public awareness of the drug problem. The six local sites have developed different programs, designed to meet the unique needs of the individual communities. One center developed an alternative school for pregnant teens, another established a summer youth recreation program that served 200 youths daily, a third sponsored a curriculum-based resistance skills training program housed in a Boys and Girls Club facility, and another continually worked to increase participation in "Project Graduation" (drug-and-alcohol-free graduation parties).

The state staff offered parenting training to community members who agreed to train others in their community. This training attracted at least 269 individuals from 10 communities, including the 6 project sites and 4 others.

Another component of PDFY, community team training, aids individuals from the same community in working together to develop plans to initiate comprehensive drug abuse prevention activities in their own communities. In 1989, 53 participants from 8 communities participated in the training, which was cosponsored by the Department of Education's Southwest Regional Center for Drug-Free Schools and Communities. Teams usually have 6 to 10 members, sometimes including youths. Teams are encouraged to bring to the training sessions key decision makers from relevant local agencies, as well as informal community leaders. Many members within teams do not know each other before they take the training.

The training focuses on how to build consensus, conflict resolution skills, mediation skills, and leadership skills. Through this, teams build philosophies and goals to guide their program activities. The participants are introduced to five basic prevention strategies: (1) information, (2) education/life skills, (3) alternative activities, (4) social policy, and (5) constituency building.

We visited two different teams from the community of Gallup, New Mexico, who had attended a recent training. One community team was from the city, while the other was from a neighboring Zuni reservation. According to the participants, the city of Gallup has serious alcohol abuse problems that are denied by the community. For example, we were told that parents supplied alcohol at almost all graduation parties that year. Further, every day in January 1989 at least one person in the county was killed in an alcohol-related accident. It was reported to us that no one in Gallup was untouched by drunk driving deaths. On a per capita basis, Gallup ranks first in New Mexico on morbidity and mortality indicators of substance abuse.

The team from the city consisted of approximately 10 individuals from 10 different agencies and interested groups: the churches, health care system, Indian Health Service, University of New Mexico, the school system, public health agency, Navajo Nation Office of Economic Development, Northwest New Mexico Council of Governments, University of New Mexico student senate, and recovering abusers.

Each of the teams independently developed a philosophy and related goals to guide their local efforts. The philosophy that was developed by the team from the city of Gallup was

"We believe that the Gallup area can be a community of highly-functioning, healthy, abuse free individuals, families, and neighborhoods—a spiritual and physical haven nurturing all who live and visit here. We believe in a people-centered community in which our individuality and cultural diversity are respected, celebrated, and reflected in our social and institutional life. We believe we can be a community in which we take shared responsibility for our children, the elderly, and for the environment in which we all live."[1]

The related goals that were developed during the training were to (1) establish a cohesive, collaborative team to achieve comprehensive prevention efforts; (2) develop a community education and awareness campaign that links resources and influences laws to affect perceptions and norms concerning alcohol use/abuse and healthy lifestyles (participants hope to measure attitudes at one time and again after 2 years, to assess change); (3) establish a parental development and involvement network; (4) establish a youth empowerment program that includes education, alternative activities, and opportunities to contribute to the community; and (5) promote and mobilize neighborhood support systems to ensure a more responsive and positive community development.

The city of Gallup is first establishing a responsible hospitality program, a shelter for teenagers, and full in-patient treatment for alcohol and drug abusers. The Indian Health Service is being pressed to take responsibility for treatment. The schools are expanding their role by developing a support group for teens.

A second team represented the Zuni reservation, which has a population of approximately 10,000. Poverty is reported to be severe on the reservation, with handicrafts the major occupation. Only 10 percent of the students who graduate from high school go on to college, and only 2 to 3 percent of those receive degrees. There is a high dropout rate because young people do not see the value of education if they are going to stay on the reservation as craftspeople.

The Zuni prevention team included 9 members from the Zuni tribal courts, probation office, police department, division of alcoholism, tribal council, high school, and grade school.

The philosophy developed by the team from the Zuni reservation was intended to revive traditional values and was therefore based on a traditional concept known as the four-pronged medicine wheel (representing concerns of four kinds—social, physical, mental, and spiritual):

[1]Unpublished program notes

"We believe that the disease of alcoholism is destroying the Zuni community. Only through community unity and support and return to spiritual teachings and values will change occur. We ourselves, leaders by example, must be role models to give positive messages, life-affirming messages, to the youth and families. To support the youth and their future, we will develop a community center and promote unity of family and school."[2]

The related goals were to (1) educate through community and media awareness campaigns, (2) recognize and utilize role models within the Zuni community, and (3) unite to promote the importance of a family and community center for individual and family growth. At the time of our visit, the team had made a formal proposal to the tribal council to establish a community center, and had obtained the council's support.

Administrative Structure

At the time of our site visit, the central office of PDFY had 11 staff members and 8 VISTA volunteers. Each of the six regions had a coordinator to assist in organizing local efforts, which were supported by volunteer members from the community.

Funding

At the time of our visit, PDFY was supported by a grant under DFSCA, with funds allocated to the governor. The program must reapply each year. The annual budget was $300,000, with which sum 3,800 parents were trained (for an average of $79 per trainee).

Contact

The program can be contacted by writing to the following address:

Parents for Drug Free Youth
P.O. Box 3510
Albuquerque, N.M. 87190

[2]Unpublished program notes

Adventure Alternatives Program

Program Scope

Adventure Alternatives offers experiential education and counseling to youths aged 9 to 17 (the average age was 11) in Austin, Texas. Nearly two thirds of the participants are male, 29 percent are Hispanic, and 16 percent are African American. Last year, the program served 450 youths in outdoor-based counseling groups, wilderness groups, and individual and family counseling. The program frequently has a waiting list.

Philosophy and Goals

The primary goal of Adventure Alternatives is to prevent substance abuse through a mixture of experiential education approaches and counseling. The program embodies the concepts of "teaching through natural consequences, using the environment as a teaching tool, activity as a reinforcer of learning, and accepting clients as unique and worthy individuals."[1]

The program is designed to focus on three areas: (1) how to express and identify feelings, (2) how to maintain responsible interactions with adults (since some youths had not experienced a positive relationship with any adult), and (3) how to recognize the ways in which behavior affects others.

Program Organization

The Austin Wilderness Counseling Services (AWCS), a private nonprofit organization, operates the three main segments of Adventure Alternatives: (1) professional psychological counseling for individuals, groups, and families; (2) alternative activities that combine counseling with carefully structured outdoor activities; and (3) educational programs for groups of parents and high-risk youths. The specific services that clients receive are based on their individual needs.

The alternatives component uses two formats to deliver services. These activities take place in outdoor settings, using outdoor challenge activities and wilderness camping experiences in an effort to teach trust, constructive risk-taking, and improvement in self-esteem and social skills. The program director believes that this strategy engages those hard-to-reach youths who are unwilling to be involved in traditional counseling.

The first format, adventure-based counseling groups, combines adventure activities with substance abuse education and counseling. The groups meet for 6 to 10 weeks after school and on weekends. The groups participate in "new games" designed to teach cooperation and problem

[1]Program brochure

solving. These games often elicit negative behaviors that are identified and dealt with in counseling. For example, in trying to solve one of the games we observed, a youth became overly "bossy" towards the other youths in the group. The group leaders then temporarily stopped the game to focus on the youth's behavior and its impact on the group. The final session for these groups is a slide show and recognition ceremony for the youths and their families. Follow-up sessions are used by staff to assess progress and make recommendations about further counseling needs.

The second service-delivery format, the therapeutic camping program, lasts 7 to 14 days during school holidays and summer. Each trip is preceded by three sessions and followed by a slide show and family ceremony. Trips are taken in wilderness areas of the southwest and include traditional camping activities. In addition, staff members lead group discussions on topics such as family substance abuse, coping skills, divorce, and so on. The intensive group living experience is used by staff to teach relationship skills and give group members feedback about their strengths and accomplishments. Youths also select two or three behavioral situations they plan to change or improve over the course of the trip. At the end of each day, youths are required to think about whether they have made any progress toward their goals.

Professional counseling is available for youths referred by outside agencies or from one of the other activities offered by AWCS. Staff meet with individuals at least once every 15 days, with services lasting an average of 9 months. Outdoor activities for counseling clients, similar to those described previously, are scheduled at regular intervals and generally take place on weekends. The staff believe that the alternative activities offered by AWCS help the youths develop stronger relationships with counselors, which then can be used to facilitate the individual counseling sessions.

AWCS also conducts an 8-week education group for parents, which usually runs concurrently with the group programs for their children. The parental participation rate in the 1989-90 groups was 65 percent. The goal is to improve family communication and functioning. The groups provide opportunities to discuss the payoffs for youths' misbehavior and how to encourage youths' positive behavior. Skills and strategies for positive communication are taught. Parents are also shown how to use alternative discipline strategies (for example, natural consequences) rather than punitive discipline strategies.

AWCS also conducts school-based support groups for children of substance abusers, which focus on social skills development, self-esteem, awareness of feelings, talking about feelings, defense mechanisms, and defining chemical dependency.

Administrative Structure

At the time of our site visit, each of the groups participating in the alternatives programs was co-led by three staff members. Adventure Alternatives was staffed by 22 individuals and managed by a 12-member board of directors.

Community Coordination/ Cooperation

The University of Texas provides evaluation services and volunteer recruitment and AWCS staff reported that schools are cooperative in allowing them to provide drug abuse prevention services. Teachers also often make referrals to AWCS.

Funding

AWCS receives funding from the state, county, city, nonprofit organizations, client fees, and contributions. The program budget for 1990-91 was $472,000.

Contact

The program can be contacted by writing to the following address:

Austin Wilderness Counseling Services
1300 W. Lynn St., Suite 100
Austin, Tex. 78703

Comprehensive Greater Alliance of Prevention Systems

Program Scope

The Comprehensive Greater Alliance of Prevention Systems (GAPS) is a network of drug abuse prevention service-providers who serve high-risk youth, aged 6 to 20, on the West Side of Chicago, where the incomes of 70 percent of the population are below the poverty level. GAPS has had regular contact with over 3,000 youths and 1,500 family members in the last 2 years. Seventy-five percent of the youths served are African-American, and 19 percent are Hispanic. The GAPS program involves 3 communities (which cover 10 square miles), 5 local-strategy sites, and more than 35 community organizations, as well as parents and community leaders.

Purpose and Goals

According to program officials, GAPS was "designed to respond to both individual and systemic social voids. . .that put all children, youth, and families at risk." The GAPS central staff and participating organizations hope to develop a comprehensive plan that can be taken over and run by the local communities without the assistance of the current sponsor. To create an efficient system of communication among the coordinating agencies providing services, GAPS aims to create community partnerships, empower communities, and build coalitions so that the community can carry on when the time comes for it to run GAPS.

While GAPS focuses on drug and alcohol prevention, it addresses this objective through activities with broader goals, such as building self-esteem, coping with peer pressure, and developing social skills.

Program Organization

GAPS is organized around five different kinds of youth activities: (1) information sessions, (2) peer leadership training, (3) culturally relevant activities as alternatives to alcohol/drug use, (4) social policy projects aimed at the communities where youths are growing up, and (5) training adults and youths to provide drug abuse prevention services. In addition to these five activities, GAPS supports a school-based counseling program for individuals and groups, as well as outreach counseling in the families' homes.

Basic alcohol and drug information includes a curriculum adapted to community needs and delivered by bilingual teachers trained in prevention. Staff have also made presentations to schools, churches, and community groups.

The peer leadership training began as a series of parades and rallies and now also includes drug awareness sessions and meetings of Narcotics

Anonymous, Cocaine Anonymous, and Alcoholics Anonymous; visits to hospitals and the morgue to help introduce youths to the risks of drug abuse; and the use of rap groups to explore attitudes about life choices. Peer leaders are also given t-shirts and hats to foster their sense of belonging. In addition, the peer leaders conduct outreach work in schools and churches by first researching a topic and then sharing it with others. In that way, they spread information to their peers.

The African American Heritage Project seeks to occupy youths with alternatives to drug use. The project provides culturally relevant information and classes on genealogy, history, music, singing, and dance. Youths from this project make presentations to schools that do not yet participate in GAPS. An Hispanic agency provides self-esteem training to the GAPS community.

Social policy activities have included testimony to the state legislature; presentations at conferences on drug abuse prevention policy; campaigns against liquor billboard advertisers, drug houses, happy hours, and stores that sell drug paraphernalia; and support for laws that call for the eviction of tenants operating drug houses, drug seizure forfeiture laws, and laws that make it illegal for minors to carry beepers (a standard tool for drug vendors). GAPS participants have also built and rebuilt houses and refurbished parks. Parents have patrolled the neighborhood and playgrounds with aid from unmarked police cars. Two hundred people participated in the latest GAPS-sponsored march to rid a neighborhood of drug dealers.

GAPS staff help local residents gain the planning and assessment skills necessary to set up their own prevention initiatives. The training of impactors involves police, schools, parents, and health and human services staff. Workshop topics include drugs, gangs, dropouts, school reform, self-esteem, cultural awareness, parent workshops on drug effects, and team building.

Administrative Structure

GAPS services are maintained through the cooperation and coordination of five strategy sites (schools and community centers) where many of its services are offered.

At the time of our site visit, GAPS employed two full-time staff who were located in the Bobby Wright Comprehensive Community Mental Health Center, which is the lead agency for the project. In addition, neighborhood resident volunteers served on core teams in each community.

Community Coordination/ Cooperation

Core teams are made up of leaders from schools, business, churches, parent groups, and community organizations. The core team assumes responsibility for the drug abuse prevention work that GAPS has initiated when the Bobby Wright Center turns the project back over to the community.

Funding and Participants

GAPS is entirely funded by a 3-year demonstration-project grant of $750,000 from OSAP.

Contact

The program can be contacted by writing to the following address:

Bobby E. Wright Comprehensive Community Mental Health Center
9 South Kedzie St.
Chicago, Ill. 60612

Fulfilling Our Responsibility Unto Mankind

Program Scope

Fulfilling Our Responsibility Unto Mankind (FORUM), a private, nonprofit organization housed in a southside Chicago church, was formed in 1987 by citizens concerned about gangs and drugs in their community. FORUM offers programs in community rehabilitation, education, and community economic development targeted at low- to moderate-income residents. About 6,000 youths have been involved in the program's activities to date.

Philosophy and Goals

The primary goal of FORUM is "to serve and promote healthy lifestyles, productive citizens, and viable communities." The theme of social responsibility is woven throughout the program. First, the founder of FORUM believes that the African American community does not fully understand the relationship between institutions (church, government, business, home, school, clinics), economic principles, and social responsibility. For example, he argues that it is individuals who allow drug dealers into their communities and that if individuals took responsibility and refused to allow drug dealing in their community, the dealers would go out of business.

Second, the program director believes that what makes this program different from others for African Americans is that it doesn't blame others for the problems in the African American community; rather, it takes responsibility for its own problems. As a result, FORUM "does not deal from a right or wrong position which indicates judgment and punishment; rather, it deals from an error/correction perspective where no blame is placed." Finally, the program asks community members to demonstrate social responsibility by becoming role models in their own community. The program director argues that this is necessary because "African Americans follow personalities rather than principles." He asserts that when the personality dies (as in the case of Martin Luther King), the principles he or she stood for and the movement die too. In an attempt to change this situation, FORUM provides youths with real, community-based mentors and heroes with whom they can build responsible relationships.

Program Organization

FORUM has eight main programs that were designed to cover the five primary foci of the program: (1) information, (2) social competency, (3) alternatives, (4) social policy, and (5) training of service providers.

Youths, parents, educators, clergy, and other interested community leaders are encouraged to work together in order to inform, educate, and

enable individuals and community institutions to take responsibility for the health, rights, and needs of those living in the community. This community prevention task force, in turn, organized block clubs and groups.

One of the primary components of FORUM, Don't Hang With Gangs, is a prevention and early intervention program that provides school-age youth with individual and family counseling; drug abuse prevention workshops; day camps; and human, community, and economic development. Parents of participants are also required to assist the program 2 to 3 hours a week.

The Community Agriculture And Marketing Project is designed to educate and prepare youth to enter careers in agriculture, providing both class instruction and hands-on farming experience. Youths market and sell the food they grow and keep the profits.

In an effort to reduce infant mortality, FORUM offers a program—entitled Families with a Future—for adolescents, older teenagers, and young adults, covering family life and health education topics such as human sexuality, family planning, parenting skills, and substance abuse prevention.

Another program, Applying Intelligent Decisions to Sexuality, provides youths and adults with information and skills needed to reduce the risk of acquiring AIDS.

Project Graduation assists schools and communities in planning and funding alcohol-free and drug-free prom and graduation activities. FORUM also assists with drug- and alcohol-free fashion shows, talent shows, sporting tournaments, games, contests, and plays.

Apprenticeship Link matches young people with experienced tradesmen offering job experience in carpentry, plumbing, and electronics.

21st Century Entrepreneurs addresses youth employment problems through youth-owned business enterprises. The program experientially teaches applied economics. Local companies and corporations assist youth and their communities in the development of youth ventures that provide training and employment opportunities. Each project venture is either youth-initiated, owned, managed, or operated.

FORUM also operates a training program for professionals, parents, and youths that gives them new information and challenges their beliefs on

various topics. The information offered covers topics such as stress management, drug abuse prevention, and so on.

Administrative Structure

FORUM is open 7 days a week, and staff are on call 24 hours a day. The program is managed by a 12-member board of directors: 2 students, 2 public aid recipients, 1 clergy, 4 business people, and 3 staff.

Community Coordination/ Cooperation

FORUM staff work with 4 elementary schools and 3 high schools. In addition, FORUM coordinates with parents, educators, clergy, community groups, public officials, police, businesses, and social service organizations.

Funding

FORUM is funded through a combination of state funds and private contributions and donations. The program's annual budget is $330,000.

Contact

The program can be contacted by writing to the following address:

Fulfilling Our Responsibility Unto Mankind
2555 East 73rd Street
Chicago, Ill. 60649

Soaring Eagles

Program Scope

Soaring Eagles annually serves 250 Native American youth in an urban community center in Minneapolis. Participants range from 3 to 20 years old; the broad age range was designed to parallel the notion of the extended family, which is a part of Native American culture. Groups of youths of similar age meet for 2 hours twice a month. Soaring Eagles provides opportunities to enroll in the program one to two times a year. Interested youth must complete an application, including a report card and letter of recommendation, designed to demonstrate their interest and willingness to put forth effort. This demonstration of commitment is viewed by program staff as a necessary screening device. There was a waiting list for entry into the program at the time of our visit.

Purpose and Goals

Soaring Eagles has reported that all program participants have had a close family member who has suffered from substance abuse. Further, 70 percent of local Native American youths drop out of high school, and the rate of substance abuse among Native Americans is six times greater than that of the non-Indian community in Minneapolis.

Soaring Eagles therefore aims to build a positive support network for Indian youth while challenging them to become leaders. The program is designed to provide youths with an identity that will increase their self-esteem. By increasing self-esteem, the program seeks to break the cycle of alcohol abuse and encourage youths to adopt a chemical-free lifestyle. Positive cultural values, spirituality, and traditions are stressed by adults. Youths are encouraged to develop constructive alternatives to substance abuse and to participate in leadership development activities. Program staff also support improved academic performance and strongly encourage youths to perform community service projects.

Program Operation

All sessions begin the program with after school study time where older participants read to younger ones. Youths then read the Soaring Eagles Pledge:

"My spirit is one with You, Great Spirit. You strengthen me day and night to share my very best with my brothers and sisters. You, whom my people see in all of creation and in all people, show Your Love for us. Help me to know, like the Soaring Eagle, the heights of knowledge. From the Four Directions, fill me with the four virtues of Fortitude, Generosity, Respect and Wisdom; so that I will help my people walk in the path of Understanding and Peace."

This is followed by the 4-H pledge:

"I pledge MY HEAD to clearer thinking, MY HEART to greater loyalty, MY HANDS to larger service, MY HEALTH to better living, for my FAMILY, my CLUB, my COMMUNITY, my COUNTRY, and my WORLD."

Youths then break into 5 groups, based on age; at least 2 groups participate in an activity, service project, or field trip, while the other 3 participate in interpersonal workshops. One meeting each month includes an activity, while the other is based on a workshop.

Service projects have included painting murals at homes for the elderly and presentations of Indian plays to tribal elders. Older youths often act as academic tutors in the program. The purpose of the service component is to highlight the talents of the youths and to reinforce the Native American ideals of helping others and giving back to the community. Field trips involve physical activities (swimming, fishing, and so on) or visits to museums. Seminars are presented by staff of other agencies or Soaring Eagles staff on issues such as family planning, drug abuse, and AIDS.

In addition to these components, participants over 7 years old develop an annual individual plan, including a goal chosen from among the areas of academics, leadership skills, personal challenge, and adult/family involvement. After making their choice, youths propose how they will go about fulfilling their goal.

In stressing academics, the program requires that youths maintain at least a C average in school. Youths bring report cards to the program on a quarterly basis. All report cards are reviewed by program staff, and the program attempts to promote academic performance by rewarding participants for good grades. Based upon attendance and grades earned, participants are given monetary incentive awards. Additional study time is provided three times a week under the supervision of volunteer tutors and older participants fulfilling community service requirements.

Leadership opportunities are available to older youth, aged 11 to 20, who exhibit outstanding leadership potential. Participants represent the program on local committees and councils. The improvement of speaking skills has also been stressed in this component.

Families are involved in special activities each month. These usually consist of potluck dinners combined with swimming or some other physical activity. In addition, once a year the program sponsors a family retreat that reinforces the concept of the extended family by including

Soaring Eagles members and their families in a weekend of activities away from the Minneapolis area. In 1989, 213 individuals attended the retreat, for a 68-percent participation rate. Finally, an annual community powwow for the larger Minneapolis Native American community is attended by program participants and their families as an extended-family event.

Organizational Structure

Soaring Eagles is housed within a building that is headquarters for the Indian Health Board of Minneapolis, which affords participants easy access to the medical, dental, psychological, and social services provided by the Board to all Native Americans within the community. The Board also operates the social center of which Soaring Eagles is a part. The social center provides cultural, recreational, support, socialization, and youth development services, and includes a drop-in room offering games such as table soccer, as well as a TV and a small library.

There are 6 Soaring Eagles project staff and 9 social center support staff. Much of the staff's time is devoted to transporting from 70 to 90 percent of the participants to the meetings and home again.

Community Coordination/ Cooperation

Soaring Eagles works closely with the local 4-H, YMCA, Boy and Girl Scouts, and other community organizations. These organizations share information and resources.

Funding

Funds are aggressively sought in the community. Soaring Eagles receives ongoing funding from approximately 20 public and private organizations. It costs approximately $645,000 each year to serve 250 youths, or approximately $2,580 per participant on average.

Contact

The program can be contacted by writing to the following address:

Soaring Eagles Indian Youth Leadership Development Project
Indian Health Board of Minneapolis, Inc.
1315 East 24th Street
Minneapolis, Minn. 55404

American Variety Theatre Company

Program Scope

The American Variety Theatre Company annually serves approximately 250 youths, aged 4 to 19, in a single site in Minneapolis. Most participants are low-income minority youths. Youths are recruited through posters, flyers, and friends.

Purpose and Goals

The American Variety Theatre Company 4-H program involves youths from diverse backgrounds in a program of performing arts that serves as a vehicle for self-expression, individual growth, and group involvement. It also aims to provide a positive, safe environment that promotes social interaction and the sharing of ideas and activities. One aspect of the program is "Drug Free at the Capri," a program of music, drama, and dance performances by and for teenagers with content based on specific concerns of youth; the shows present information on substance abuse in an innovative way. This approach aims to incorporate information about substance abuse and life skills (problem solving, communication, decision making) in a general program of alternative activities and continuous education, with a community-wide base of support.

The creative arts serve as alternative activities for youths, and it is hoped that experiential learning will teach discipline through the requirements of theatre production (such as consistent attendance at rehearsals). Further, because youths are cast in roles where their natural behaviors are appropriate, staff believe the experience will help them realize success and build self-esteem. The overall setting of the program also offers a safe, drug-free environment in which youths can socialize.

Program Operation

The core of the program is the performing arts. The American Variety Theatre Company offers dance, acting, piano, and voice classes 4 days a week; jazz and blues workshops one day a week; performance rehearsals 2 days a week; and actual performances 12 to 20 times per year. All youths may participate in the classes and productions. Youths are strongly encouraged to work in all phases of the theatre arts: scene construction, acting, dance, and so on.

All productions address social-problem themes. Not only do performances then provide recognition to youths, they also provide opportunities for participants to learn about the issues while researching characters, even though they were drawn into the program to put on a play. The staff believe that because good actors have to analyze their own feelings, the program serves as a therapeutic tool in a caring and

safe environment where issues can be dealt with. Staff then can help youths develop insight into problems, as well as ways to cope with them, without lecturing about drugs or "being responsible." For example, the main musical drama of 1988-89 was called "Running...everybody's running from something." The program noted that

> "...'Running' is a portrait of adolescents who are growing up on the street. The characters share with you their experiences, fears, wants, needs, hopes, dreams and their reasons for leaving home. They experience more than they should and grow up too fast. They didn't have a chance to be young before they got old. In the play 'Running', we do not offer a solution to the problem of kids growing up on the streets, but rather a presentation to create an awareness that this problem exists. We, as adults, need to examine this problem and do what we can to help."

Participants have given many performances for other youths in junior and senior high schools, mental health professionals, lawyers for the juvenile justice system, social workers, police, and residents of group homes. The participants particularly enjoy performing for other youths. Audiences are encouraged to ask the performers questions after each performance. After participating in such a question/answer session, one observer commented on the depth of understanding and concern for community issues displayed by the young performers.

Administrative Structure

Participants in the American Variety Theatre Company attend the program 2 to 3 days a week, depending on what stage the production is in. Classes are offered on a regular schedule. Transportation is also provided to and from the theatre for those participants who need it.

The program employs 6 staff, 3 full-time and 3 part-time. Staff are required to have both theatre expertise and the ability to work with young people.

Community Coordination/ Cooperation

The American Variety Theatre Company is administered under the Minnesota Extension Service, which is part of the University of Minnesota's 4-H youth development program. The theatre company also coordinates with schools, professionals, and prevention organizations, particularly in locating potential audiences for the performances.

Several of the older participants also attend a 3-day teen leadership training project, developed jointly by the 4-H and Hazeldon (a drug

treatment clinic), that stresses the use of expressive arts to teach decision making. Participants are also required to perform community service work after the training, typically teaching younger children about drug prevention.

Funding

The program's funding is provided mostly by Hennepin County government ($70,000), various grants ($40,000), earnings from public performances ($6,000), and donations from businesses. The program spent $116,000 serving 250 youths in 1990, for an average of $464 per participant.

Contact

The program can be contacted by writing to the following address:

American Variety Theatre Company
c/o Minnesota Extension Services, Hennepin County
701 Decatur Ave., North, #105
Minneapolis, Minn. 55427

Jackie Robinson Center for Physical Culture

Program Scope

The Jackie Robinson Center annually serves over 3,750 mostly low-income African American youths, aged 8 to 18, in Brooklyn, New York. Youths are recruited through flyers and posters at schools or through friends who have previously participated. (Approximately 75 percent of the youths participate in successive years.) The program attempts to admit all interested youths. Activities take place in 17 public schools (both intermediate and junior high schools), 5 days a week during the after-school hours of the 9-month school year. Each youth participates 2 or 3 days a week for a total of approximately 8 hours.

Purpose and Goals

The goal of the Center is to provide support that will help young people achieve in school, including health awareness, career awareness, leadership development, and college and job placement. This comprehensive program integrates the resources of the family, community, and education system.

Program Operation

The services of the Center focus on four areas: (1) sports and culture, (2) education, (3) social services, and (4) special events. Participants are placed in groups of 25 youths of similar age, who then participate in all four components as a group. That is, the 25 youths on one 13- to 14-year-old basketball team may also participate, for example, in the same rap group and in addition receive tutoring together.

Sports and Culture

The sports and culture component was designed to serve as a motivator not only to attract youths into the program but also to develop self-awareness, personal achievement, and life skills. The emphasis of this component is on positive growth and development, positive-attitude development, and personal achievement. This component consists of structured and supervised activities, including basketball, softball, track, cheerleading, double dutch (rope skipping), band, dance (African, modern, and tap), drama, and chorus. Youths spend approximately 3 hours each week participating in sports and cultural activities.

Education

The purpose of the education component is to provide remediation and enrichment for students at all levels, from the "at risk" to the high achiever. Activities include homework and tutorial help; classes in reading, writing, math, and science; and science- and health-related-careers awareness for the potentially college bound. All youths must

receive 3 hours of academic study each week. Many staff are teachers in the New York school system.

Social Services

Youths must spend 2 hours each week in counseling or workshop activities. Counseling consists mainly of discussion groups that explore problems faced by the participants, or in structured activities such as employment preparation, health education, and decision-making skills. Crisis counselors are also available when needed. In addition, other social and community agencies conduct workshops on issues such as drug abuse prevention and education, health and AIDS education, cultural heritage education, job preparation and placement service, housing services referral and assistance, legal aid services referral and assistance, and guidance counselor referral and assistance.

Special Events

The special events component was designed to reinforce community support for the youths who participate in the program. There are special events each month, such as visits and conversations with famous African American celebrities and legislators, or cultural activities that contribute to community education and outreach, such as cultural Thursdays, the Brooklyn Day parade, and drama performances, as well as an annual awards ceremony. The Center distributes its own newsletter describing its activities.

Administrative Structure

Each child participates in the program 2 to 3 days a week, with roughly equal time devoted to the academic, social services, and sports and cultural components. Activities occur at specific times, and all children follow daily schedules; there are no activities available on a "drop-in" basis.

The Center is headed by a board of directors composed of a director of a social services program, a state assemblyman, a Congressman, a professor, a banker, and several school principals.

The Center employs approximately 350 full- and part-time staff, including both current and retired teachers, coaches, and principals. Because of the size of the program, there are coordinators for each program component (sports, culture, social services, special events and community awareness, academics, monitoring and evaluation, and research and development) who aim to ensure that services are proceeding smoothly and contain the agreed-upon content. Supervisors at

each of the 17 school sites are responsible for the daily-program administrative tasks, such as calling in attendance time sheets and nightly reports for each site.

Community Coordination/ Cooperation

The Center has ongoing relationships with school officials, including school superintendents, administrators, and principals. In addition to allowing the program services to take place in school buildings, all of the schools provide records of school attendance and grades that the program uses to monitor the progress of participants.

The Center uses the services of other local government and community agencies to both conduct workshops and accept referrals of needy youth from the program. The Center also cooperates with local churches and community groups to sponsor special events such as the Brooklyn Day parade.

The Center requires parental consent for participation, and staff meet with the parents before a youth is admitted to the program. When crisis counselors work with students, they maintain contact with the parents as well. A newspaper, activities newsletters, and parent groups run by the program are also used to maintain links with the families.

Local legislators at the city, state, and federal level also visit and talk to the youths. The local university sponsors 175 scholarships for youths.

Funding

Funds are received from the New York state legislature through Medgar Evers College to support administrative activities (salaries for the director, deputy director, secretaries, bookkeepers, and so on). The New York Division of Substance Abuse, New York Department of Education, Division for Youth, City Youth Services, and the Ford Foundation fund direct activities (cost of open schools in the evenings, security, janitors, and so on). With a budget of $2.15 million in 1990, the Center served 3,758 youths at an average cost of $572 each.

Contact

The program can be contacted by writing to the following address:

Jackie Robinson Center for Physical Culture
1424 Fulton Street
Brooklyn, N.Y. 11216

Madison Square Boys and Girls Club

Program Scope

Approximately 200 youths, aged 13 to 17, are served per year by this drug abuse prevention program that operates out of five clubhouses in the Bronx, Brooklyn, and Manhattan boroughs of New York City. Youths are recruited with flyers and by friends, and are attracted to the program with games and social events.

Purpose and Goals

The overall purpose of the drug prevention program is to help youths "become mature, self-reliant adults, able to participate fully in both the responsibilities and the benefits of American society." Drug abuse prevention is therefore only part of a larger set of purposes centered on youth empowerment and group leadership development.

The Madison Square Boys and Girls Club philosophy maintains that when a youth believes in himself or herself and is prepared to help others share in a "life worth living," then that youth will steer clear of substance abuse. Based on the belief that youths must have specific objectives and a chance to experience positive accomplishments, the program developed recreational, educational, and guidance services for youths who are "at risk."

Program Organization

The substance abuse prevention component involves two basic phases. First, small groups of 10 to 12 youths participate in a ten-session, twice-weekly leadership training workshop that uses group exercises to teach values clarification, decision-making skills, and the consequences of drug use. These group meetings, which last for 5 hours, include activities directed at the workshop topics, snacks and lunch, and recreational activities. We observed creative exercises designed to build group membership and self-esteem in the young participants. In the second phase, each group selects and completes a community service project that applies these skills. The group must assess community needs and develop a project that conveys a drug-free message. The program believes that this experience will teach the values of team effort and peer support, as well as decision-making, communication, and program planning. Each clubhouse schedules approximately five groups during the course of the year.

Topics covered in the leadership training include values exploration, values clarification, self-esteem, community, communication, relationships, drug and alcohol information, drugs and alcohol and teen sexuality, teen situations, and project development. Examples of group projects include writing and recording public service announcements for

radio and television, a presentation about drugs for children in day care, and a "just say no" carnival attended by 300 youths.

Youths may also participate in other program services offered by the Boys and Girls Club. Educational services include instruction in reading and computation; remedial education; homework assistance; tutoring in mathematics, reading, and writing; and computer education. Youth employment services consist of career counseling, job placement, job training, and such employment skills as filling out applications, going on interviews, and appropriate work habits, as well as job placement through contacts with board and council members, public and private agencies, the summer youth employment program of New York City, and the Summer Jobs Program of the New York City Partnership. Finally, the Boys and Girls Club offers education for family life services in the form of a parenthood education program in order to strengthen support for families.

In addition, youths may participate in other activities offered at the clubhouses, such as arts and crafts, choral singing and drama, cultural experiences, physical activities (sports and swimming), recreational games, camping, horticulture, dance, and counseling.

Administrative Structure

Each clubhouse has a different drug abuse prevention specialist responsible for planning and implementing the leadership training groups, while the overall program is overseen by one staff person. All of the drug abuse prevention specialists discuss problems and successes with the program director at least once a month and develop plans for group sessions.

Community Coordination/ Cooperation

The Boys and Girls Club works closely with local organizations, boards of education, public and private employment agencies, and many other community improvement associations.

Funding

Madison Square Boys and Girls Club receives funding from local and state governments, the United Way, private organizations, and foundations. Including all activities at all five sites, the cost of the program is approximately $175,000 per year, or about $875 per youth.

Contact

The program may be contacted by writing to the following address:

Madison Square Boys and Girls Club
301 East 29th Street
New York, N.Y. 10016

The Door

Program Scope

The Door is a comprehensive youth center offering 30 coordinated services and programs under one roof with a minimum of walls and doors. The Door serves 5,000 to 7,000 youths per year or 250-275 each day, 5 days a week, between 2 and 10 p.m. The participants range in age from 12 to 21, and come from many different ethnic groups and all five boroughs of New York City. Most are poor and disadvantaged; many are not in school, have no regular means of support, and are not living at home. Half learn of The Door from friends; others are referred by schools, clinics, and community programs. The Door has never turned away anyone seeking to enter the program, and a counselor is always available.

Purpose and Goals

The aim of The Door is to offer needy young people the widest possible range of services and to provide an environment where youths can try out or experiment with new roles and new ways of interacting with others, without risking the severe consequences that they might suffer outside of the program. The focus of all activities at The Door is on youths' strengths, rather than their weaknesses or deficits, and on ready access to needed services.

The Door therefore uses non-threatening points of entry such as arts, recreation, education, and special events to avoid the labels of "drug problem," "teen prostitute," or "runaway." Youths' problems and difficulties are then addressed in a framework of normal healthy activities, rather than in a problem-centered environment focused primarily on pathology.

Program Organization

There are seven main program components. Social and crisis-intervention services provide evaluation and assessment; life-stabilization counseling and services; information and referral services; information and screening for entitlement programs such as AFDC, Medicaid, food stamps, Special Supplemental Food Program for Women, Infants, and Children, and Supplemental Security Income; and legal counseling, advocacy, and representation. Education and prevocational training programs include career counseling, English for speakers of other languages, adult basic education and general equivalency diploma test preparation classes, a college preparation project, youth leadership activities, computer-assisted learning, and job training and placement. Mental health programs consist of individual and group counseling, substance abuse prevention and treatment programs, day treatment services, a runaway and homeless youth program, a program for young

people with physical disabilities, a street intervention program, and crisis-intervention services. Health programs include basic health care, a health awareness program, smoking cessation classes, family planning services, nutrition counseling and free evening meal program, and emergency food packages. Pre- and postnatal (perinatal) services encompass an adolescent parents' program, prenatal education and support services, a young mothers' group, a young fathers' group, and a well-baby clinic. Sexual health and awareness services are composed of AIDS education, prevention, and testing services; sexual health and education workshops; special group counseling services; and individual counseling. Finally, creative and physical arts programs consist of visual arts such as drawing, painting, watercolor, silkscreen, photography, jewelry, sculpture, woodwork, pottery, and airbrush; performing arts such as music, drama, and dance; and physical arts including basketball, gymnastics, wrestling, weightlifting, exercise classes, martial arts, table tennis, and health education.

As part of a public-private partnership between the Door, the New York City Board of Education, and Citibank (the primary corporate sponsor), Umoja-Unity High School offers teenagers the chance to complete their education in a setting that emphasizes interdisciplinary teaching and cross-cultural studies. There are also special groups, such as the youth leadership and involvement committee and rites of passage and sexual-identity youth groups. In addition, there are monthly special events such as "town meetings," general theme "house meetings," and guest speakers.

Administrative Structure

When a youth first enters The Door, a primary counselor helps him or her develop a plan. Staff from all service areas then meet nightly to review goal plans. Though initially attracted to The Door because of its activities or one special service, most youths eventually use 2 or 3 services.

The paid staff represent 25 disciplines; they are teachers, lawyers, physicians, social workers, psychologists, and artists. There are many volunteers actively engaged in the program at any one time. Volunteers are expected to make a long-term commitment to the program.

Community Coordination/ Cooperation

The Door receives referrals from community agencies and is therefore in frequent contact with the local community about its work. Staff meet frequently with police, transit authority personnel, and government officials to reinforce and remind them of their responsibility to youth.

The Door also maintains interagency liaison, referral, and backup arrangements with more than 350 agencies and institutions in New York City, including schools, hospitals, physical and mental health facilities, social service agencies, residences for adolescents, residential drug and alcohol treatment programs, public health agencies, and other youth agencies.

Funding and Participants

The Door has approximately 17 government contracts (city, state, federal), 94 different foundation and corporate funders, and over 3,000 individual donors. The annual budget is $8.2 million; the average cost per young person per year is $1,300.

Contact

The program can be contacted by writing to the following address:

The Door
555 Broome Street
New York, N.Y. 10013

Puerto Rico Department of Anti-Addiction Services

Program Scope

The Commonwealth Department of Anti-Addiction Services (Departamento de Servicios Contra la Addicion) is a cabinet level agency responsible for all government-sponsored alcohol and drug abuse prevention and treatment. The Department also licenses private prevention centers. Most services are organized through 12 public prevention centers located throughout the island. In 1990, the Department served 51,672 10- to 13-year-old youths, most of them from low-income families and many living in housing projects.

Purpose and Goals

The purpose of the Department is to inhibit the further spread of drug addiction and alcoholism in Puerto Rico. The Department offers primary and secondary prevention interventions, both of which emphasize community participation. (During our site visit, we focused on the primary prevention components only.) The Department attempts both to create broad awareness of the need to participate in prevention efforts and to strengthen child-rearing skills among families.

Program Operation

The substance abuse prevention services are offered in 4 ways by the 12 centers: (1) psychotherapeutic interventions (group or individual therapy or therapeutic dialogue with youth and family members), (2) education (workshops directed toward skill development where participants reflect on and analyze behaviors that place them at risk), (3) preventive information (identification of behaviors and environmental circumstances that promote substance abuse), and (4) alternatives (activities designed to develop trust, self-control, and discipline, while encouraging the positive use of leisure time).

The Department delivers these services through 11 program components. Drug prevention in public schools, which has been implemented in 100 school districts, provides early intervention for drug experimenters and high-risk children, training and follow-up to student peer counselors, training and technical assistance to school personnel on drug abuse prevention curriculum and content for students at all grade levels—as well as various complementary activities. Drug prevention in private schools and universities attempts to reinforce an environment where abstinence from drugs and alcohol is the norm. Services include training of teachers and institution representatives, information activities on the effects and consequences of drug use, the development of a drug abuse prevention curriculum, parental education, parental workshops, and family residential camps.

Drug prevention in high-incidence communities is a comprehensive community-based program in 44 high-incidence public housing projects and communities. (The goal is the enhancement of the quality of life of the community through an interagency team approach.) Family counseling and drug prevention and education focus on strengthening parents in their role in substance abuse prevention through educational workshops, family counseling, family day camps, and family residential camps.

Educational and mass media campaigns are designed to promote the drug abuse prevention message across Puerto Rico through the production and distribution of information via television advertisements, t-shirts, buttons, caps, posters, bumper stickers and pennants, and special activities during "prevention week." In addition, municipal volunteer committees are trained, organized, and mobilized around prevention activities in local communities.

Special projects are federally funded local programs, such as a prevention project for runaways and homeless youth, special prevention programs in three different housing projects, and a gang alternatives program. This component was the focus of our visit. A drug abuse prevention and treatment information hot line is available 7 days a week for 16 hours a day. The Department also accesses and provides information to Radar Network, a national drug and alcohol information system, in the form of recent research findings, press articles, and informational material.

Drug prevention with welfare families uses a sociotherapeutic intervention approach in an effort to enhance the self-esteem and improve the problem solving and coping skills of children of adults in treatment programs. Drug prevention with children of drug and alcohol abusers integrates the services offered by the Social Services Department to low-income families, focusing on preschoolers and their parents.

Local Programs

During our visit, we observed three local prevention efforts serving 10 to 13-year-olds. The first served a housing project whose residents were mainly single mothers and the unemployed. Despite a high incidence of drugs and alcohol, fighting, prostitution, and family disintegration, families denied drug problems in their midst. Youth participants are selected into the program based on a set of criteria associated with high risk for alcohol and drug use, and activities are selected based on the needs of the participants. Therefore, every group's specific activities vary, but

include games or exercises that promote self-esteem or skill-building and movies designed to teach concepts of drug prevention.

At a second housing project with a drug abuse prevention program, the goal was not just to work with parents or children, but to work with families. There, the Department offers workshops that try to build character and provide information and education. The program offers tutoring, art, acting, sports, coordinated group talks, field trips, family activities and a two-day therapeutic residential family outing. The program was run by residents from the housing project who were trained to be program facilitators. The program staff believe that they will be more successful at involving the residents than outside professional leaders would be.

A third housing project offered school dropouts cultural and recreational activities in a less formal setting. Youths participate in community activities such as building maintenance, neighborhood cleanup, or noise abatement projects. The primary prevention program provides information on drugs and alcohol. The secondary prevention program is for early users, drop outs, and children at high risk. This secondary program includes character development workshops that focus on such topics as family problems, modeling, peer pressure, decision making, self-esteem, and drugs and alcohol. The workshops consist of 6 to 8 meetings, and the groups have 15 youths.

Community Coordination

There are 52 municipal volunteer committees for those communities not served by one of the 12 prevention centers. The committees are developed by a Department staff person who, through community development efforts, recruits local volunteers to work on the committee. These local committees develop activities appropriate for their own communities, but rely on the Department's materials and assistance. In addition to working in 44 housing projects, the Department works with education, health, and social services agencies in coordinating services. It also conducts media campaigns through the support of the business sector.

Administrative Structure

The prevention unit includes a coordination and technical assistance section, a community prevention education division, an educational and preventive campaigns design division, a Radar Network center, a hot line, and the prevention centers division.

Funding

The Department's total budget for 1989-90 was $8,110,748.

Contact

The program can be contacted by writing to the following address:

Department of Anti-Addiction Services
414 Avenida Barbosa
Rio Piedras, P.R. 00928

Appendix XII

Major Contributors to This Report

Program Evaluation and Methodology Division

Frederick V. Mulhauser, Assistant Director
Carolyn L. Feis, Project Manager
Laurie C. Bright, Social Science Analyst

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